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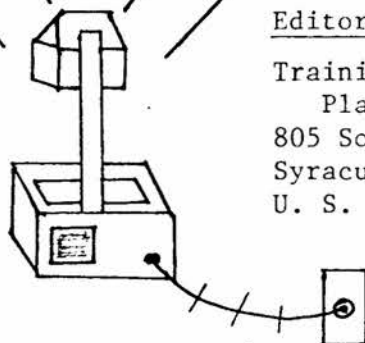
TIPS

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About once a year, we "go under" and have to combine two issues. This is the combined April and June issues, and its major theme is human nature and human health.

By the way, an interesting phenomenon about the TIPS subscription pattern is that over 1/3 of its North American subscribers are from Canada. Insofar as Canada has about 10% of the US population, we can see that the Canadian subscription rate is about 350% higher than the US subscription rate. We would interpret this as meaning that enlightenment is more prevalent in Canada than in the US.

In the 8 & 10/85 issue of TIPS, we carried a "Screwtape Letter" of advice from a master human service training and consulting vulture to his nieces and nephews who are considering following in his wing strokes. As the letter predicted, many people thought that it was addressed specifically to them, though of course no one person was meant to be specifically or uniquely addressed. We have had one negative comment on the letter and a good number of highly positive ones. Furthermore, we have learned that the letter has contributed to several trainer/consultants changing some of their activities; two of them have terminated certain consulting activities entirely, and narrowed their training down.

The Nature & Capability of the Human

*Generally, the more complex an organism is, the more chromosomes it has in order to transmit genetic information. Humans have a lot: 46. Considering this, it is phenomenal that so many even highly educated people, particularly of liberal leanings, depreciate a role of genetics in human behavior. In fact, some go so far as to say that there are no human behaviors at all that are under genetic control.

*Experts on human evolution have concluded that "hominids" who lived 1.5-2 million years ago already operated with considerable planning. Not only were they already using tools and transporting raw materials from a source site to a site where it was manufactured into tools, but they had also developed the craft of flint-knapping. Furthermore, righthandedness was already a common population phenomenon, in contrast to the great apes where hand dominance is still evenly divided (Science, 10/1/86).

*A humorous article in Discover (2/86) proposed that one of the things that is making contemporary humans crazy is that they simply did not evolve to perform some of the functions which are expected of them in contemporary society. The human has evolved some very specific capabilities (e.g., thumb opposition), as well as some very general ones, such as intelligence per se; but was the latter really sufficient to prepare humans to do such things as fill out complex tax forms? Evolution may have fitted the human hand much better for playing the guitar than the violin, and it may take almost an abnormality of the hand to prove itself adaptive to the latter task. We may also not have evolved a capacity to deal with bureaucratism. We did evolve the tendency to fight an enemy when we got angry, but not to deal with the impersonality and sometimes outright courtesy which goes along with totally disabling bureaucratic procedures.

*Research with people who had experienced a fall from some height that ordinarily would have been fatal has suggested that in the seconds or fractions of seconds before impact, mental efficiency increases manyfold. This in itself might be an indicator of the tremendous underutilization of our brain under ordinary circumstances.

*There is a growing belief among neuroscientists that memory for facts and data (also called declarative memory) is very distinct from memory for skills and procedures. The memories seem to be located in different parts of the brain, seem to involve different biochemical processes, and may have arisen at different points during the evolutionary process. Once one has learned procedural skills, loss is rare and modest, whereas fact knowledge and memory can be easily and severely impaired by damage to any of several brain areas. In some instances, only the capacity to acquire new declarative knowledge is impaired, but not such knowledge already in storage. This formulation may clarify that what is usually called short-term memory is probably concerned with declarative knowledge, and where it is impaired (as it may be with older or retarded people), skill learning strategies may be substitutable in some instances. This means that one has to rehearse a person through behaviors rather than dwelling on verbal communication, and obviously, this is possible for many types of learning challenges.

*Anthropologists have been among the most gullible and foolish researchers. Contrary to all empirical evidence, they insist, on purely ideological grounds, that human beings are by nature good and, by implication, that it is civilization that has corrupted them. In 1971, it was announced that a small and exceedingly primitive Stone Age tribe, the Tasaday, had been discovered in the jungles of the Philippines, and one team of anthropologists after another went to study them and write about them. It now turns out that the whole thing was apparently a hoax fabricated by a former assistant of President Marcos who wanted to stir up some publicity. Considering how easy anthropologists are to fool, as also exemplified by Margaret Mead whose early work was apparently based on wishful thinking, one does wonder about the meaning of their corpus of research.

*Adventures in a Mud Hut (1985) is a hilarious spoof of the rather institutionalized pretensions, illusions, dogmatic assertions and foibles of Western anthropology, including its almost religious conviction of the nobility and gentleness of "primitive" people--a holdover myth from the Enlightenment and Rousseau's "Noble Savage." Commendably, the writer spoofs his own former identity and experiences, and how he was unwittingly led around by the nose and made fun of by the natives he eagerly swooped down upon.

*People are generally not aware that in many kinds of operant conditioning, the lower a species is on the evolutionary scale, the faster it learns. One hypothesis to explain this is that the higher species have a larger response repertoire and therefore need to inhibit or eliminate a wider range of interfering, irrelevant or inappropriate responses (Contemp. Psychol., 4/85).

Blurring the Distinction Between Animals and Humans

As we mentioned before, there is a growing movement to interpret animals as humans, as having the same rights as humans, or even as more entitled than some humans. This plays into the hands of deathmaking, since devalued people are then interpreted as below at least some animals. The connection becomes even clearer when we see that many of the leading animal rights people are also proponents of deathmaking, and some are even the leading "ethicists" of deathmaking, such as Peter Singer.

*An animal clinic in Tokyo has been offering yoga courses to dogs and cats so that they would better adjust to the stress of modern cities (AW, 15/3/86).

*Borrowing from the mythology of antiquity, the term "chimera" is used to refer to creatures having the features of two or more distinct species, such as a lion with a bird's head. Nowadays, the term chimera has also become a detoxifying term for genetic crossings of humans with other species. For instance, we may read in the media that new "chimeric antibodies" may be developed that may have spectacular benefits and even be effective in the treatment of cancer. What they are likely to be talking about are genetic crossings of humans and mice, mentioned repeatedly in previous TIPS issues (e.g., Science, 2/8/85).

Artificial Manufacture of Humans

*Episcopal theologian Joseph Fletcher argued as early as 1971 that "coital reproduction is...less human than laboratory reproduction."

*Already, more than 100 test tube baby clinics are operating in the US, but now, a for-profit version thereof has set up business in Port Chester, NY, under a cooperative arrangement with Monash University of Melbourne, Australia, whereby Monash will receive a percentage of the business' royalties (Science 86, April).

*The Synod of the Protestant Church in Germany released a paper which denounced the artificial manufacture of human life, abortion because a child might be handicapped, and the undertaking of procreation outside the union of a man and woman (PLN, 1&2/86).

*The stance of feminists toward the artificial manufacture of human life is exceedingly ambivalent, as further brought out by an examination of the topic in the fall 1985 issue of Healthsharing, a Canadian feminist quarterly publication (PLN, 1&2/86).

Child Development

*More and more women claim to be able to communicate with their unborn child in the womb by voice or tapping. Only time will tell whether the phenomenon is for real, and if so, how far it extends, or whether it is a manifestation of the wishful thinking of people opposed to abortion.

*Within hours of birth, healthy babies can imitate facial expressions, and at 14 months of age, they can remember and imitate behaviors they observed 24 hours earlier.

*Since the mid-1950s, it was thought that premature infants became blind because too much oxygen was administered to them. It has recently been determined that there are additional reasons, and these have more to do with the immaturity of the premature infant's organs than anything else. Even though there is at present not much that physicians know to do about it, they are being subjected to all kinds of law suits, and lawyers are lying in wait for premature blind babies so that they can induce the parents to sue (Science, 3/1/86).

Life Science & Medical Research Findings (or Nonfindings)

*Animal organisms that are extremely dissimilar may evolve, as a result of environment pressures and opportunities, so that very similar functions and even morphologies (shapes), particular organs, body parts or even entire body appearances, may have similar structures despite the profound genetic dissimilarity between the organisms. Now that genetic similarity can be quantitatively described and even measured after a fashion, it has become apparent that our entire traditional system of classifying animals (and hominids) mostly on anatomic features has contained many absurdities, and makes less sense than a classification based on genetic information.

*Mice, rats, rabbits, cats, dogs and non-human primates make up 95% of all the animals used in research (Science, 18/4/86).

*Efforts are under way in France to map out the genetic indicator regions of all the human chromosomes. One of the things that this would accomplish is to identify on which part of which chromosome the genes for the roughly 1300 known genetic human diseases are located. The research is being conducted on forty large families in which all three generations are alive and available (Science, 12/7/85).

*It has been established that mammalian brain tissue can be "transplanted" without necessarily being rejected by the recipient. This news often conjures up the wrong ideas in people who are thinking in terms of an entire brain being taken from one body and put into another. Actually, at least at this time, what is involved is transfer (usually by injection) of suspended brain cells. Furthermore, such transfer has the greatest likelihood of not being rejected if it involves, on the one hand, extremely young brain tissue, such as that of fetuses, and on the other hand, it is transferred to yet another young organism, such as a newborn. In those instances, donor cells may be assimilated successfully by the recipient, make appropriate connections, and possibly contribute to brain functioning. (An excellent discussion of the status of this field was contained in the 23/7/82 issue of Science.) Because of these facts, some people are now taking about "curing" mental retardation, Parkinsonism, traumatic brain injury, etc. If there are even modest benefits in such transplants remains to be seen. In the meantime, we need to be aware that there may be a tremendous demand for suitable human fetal brain cells, and there is a high likelihood that efforts will be made to mine aborted fetuses for this purpose. Fetuses might even be "grown" in order to be "harvested" for this purpose.

*The arrogance of the recombinant DNA community was demonstrated yet once again when a firm specializing in "genetic engineering" first tried to institute field trials of a laboratory-made organism out in the open environment without being honest either with the government or the public about what its plans were. As a result, its experiments were disallowed. In addition, the firm has since been discovered to have conducted similar such experiments on trees located out in the open (on the rooftop of its laboratory in California) without approval or knowledge of the relevant regulatory agencies (Science, 14/3/86).

*Artificial sweeteners have been promoted for many decades to help people control weight, yet by 1985, very few studies had been undertaken to see whether people actually achieved weight control with them, and all of these have been judged inconclusive (Consumer Reports, 11/85, p. 690).

*Research is now homing in ever more precisely on how the poisons of tobacco smoke are absorbed by the human placenta, even if the mother is not smoking herself but merely inhaling other people's tobacco smoke. Interestingly, it may not be the most intensely studied substances that may prove to be the most damaging ones to the fetus (Science, 3/1/86).

*There have been reports of memory-improving drugs for almost 20 years, but so far, as is commonly the case with such developments, early reports have tended to be euphoric while later studies have been disappointing if not outright negative. We are now going through yet another wave of very strong claims for the drug clonidine (e.g., Science, 13/12/85). From an historical perspective, the appropriate stance would be one of open-minded skepticism.

*In order to get the lead out of one's blood, people (mostly children) had to go to the hospital for about a week and take a series of injections. (The process is called "chelation".) Now field trials are in progress on an oral chelating agent that can be popped painlessly for about a week (Today's Health, 12/85).

*We may see a dramatic reduction in surgical treatment of hydrocephalus as a result of the discovery of several drugs which decrease the production of brain fluid (CARC News, Spring '86).

*We've commented before on the fact that the placebo is the single most universal powerful treatment known. In a recent study, it was found that even during dental surgery, placebos were as effective as 8 milligrams of morphine. It is not often that one gets precise quantitative measurement of the pain-controlling value of a placebo (Science News, 12/1/85; source item from Jack Pealer).

Miscellaneous Health News

*In 1960, both Canada and the US spent less than 6% of their gross national products on health care. By 1982 (the most recent year for which statistics were available in 1985), Canadian expenditures had increased to 8.4% and US ones to about 11%. Critics believe that the Canadians are getting far more for their 8.4% than Americans get for their 11% (Gray Panther Network, Fall 1985).

*In 1970, the US Congress Unanimously resolved that cancer should be eliminated by 1976. When 1976 came around, cancer had increased by 15%, and has continued to increase ever since. The event illustrates the conviction of the children of this age that human science can accomplish anything and that humans are in total control.

*The TIPS editor believes that starting in the late 1960s, the incidence of severely retarded children declined because of all sorts of developments in prevention. Later, it also became very common for abortions to be performed when there was a sign that the child was or might be impaired. However, we may now be seeing a reversal of this trend, in large part because of the widespread use of drugs by pregnant or pre-pregnant women. For instance, cocaine use, which has spread widely among all social classes, has a devastating impact upon the unborn, and results in all sorts of central nervous system damage. Furthermore, there is every reason to believe that infants with AIDS will often be mentally handicapped. Somewhere along the line, drug use is a frequent mediator of AIDS, if not in the affected person directly, then somewhere in the chain of transmitters.

Hospital Medicine

*It appears that 80% of Americans die in hospitals, nursing homes and institutions.

*America is overendowed with hospitals and specialized medicine, and underendowed in preventive and public health medicine. Thus, in order to attract custom, some hospitals have started campaigns to get their personnel to be friendly and hospitable to patients. Strangely enough, some hospital personnel, including physicians, have opposed this. Albert Einstein Medical Center in Philadelphia has pioneered a hospital personnel re-orientation program which it has begun to

sell to other hospitals at a tidy profit. Other hospitals have designed their own version, and some have hired "courtesy consultants." All of this is very funny when one considers that until the 1500s, courtesy was the absolute number one rule in the hospices of the Christian world.

Some hospitals have also begun to operate special suites for super-rich patients. At one such private pavilion at St. Luke's-Roosevelt Hospital Center (a peculiar name!) in New York City, "One has to keep reminding oneself that it is a hospital and not the Waldorf-Astoria" (Newsweek 11/2/85). There have always been a few such special facilities, but now they are spreading all over the country. Some of these serve breakfast on silver trays--something that used to be normative when the poorest of the poor were served in the hospices of the Order of St. John of Jerusalem between about 1100 and 1800.

*With a surplus of hospital beds, hospitals are becoming ever more competitive, and rather than leading to a buyer's market in which rates might go down, hospitals are beginning to spend large amounts of money advertising, thus actually adding to their costs, and thereby adding injury to injury. (Source item from Wayne Marshall)

*Probably one symptom of the fact that too many hospitals have been built and that there is now vicious competition breaking out for hospital "custom" is the series of whole-page ads by the Catholic Health Association (with a membership of 623 hospitals, 292 nursing homes, 52 "multi-institutional" systems, and 278 sponsoring religious orders) that has been seen in major news periodicals such as Time. The CHA was one of the organizations that sued to prohibit "outsiders" from interfering with infanticide in hospitals.

*A study of over 5000 patients in 13 hospitals disclosed that the death rates in intensive care units (adjusted to allow for the kinds of patients served by different hospitals) can vary by 300%, and even teaching hospitals associated with prestigious universities may perform rather poorly. The study offered evidence that the most important factor in saving lives of critically ill people is not technology, which is relatively advanced in all settings, but the attitudes of physicians and nurses, and the intensity and quality of their mutual communication processes (New York Times, 9/3/86).

*According to recent studies at Johns Hopkins University, for-profit hospitals operate no more efficiently than non-profit hospitals. Approximately one-fifth of US community hospitals are now for-profit (NCR, 27/12/85).

*Without their knowledge or consent, many pregnant women are subjected to procedures during pregnancy, labor and delivery that are dictated by hospital routine and defensiveness against litigation, rather than by sound medicine in its own right. For instance, studies have found that at least on the average, there are no benefits in such routines as shaving women before birth or giving them enemas during labor, and only a fraction of the women who get hooked up intravenously during labor really need it. In fact, such procedures increase certain risks. Standing, walking, sitting or kneeling are supposedly all preferred positions to the supine one into which women are usually put during labor. Further, studies have shown many more drawbacks than benefits to episiotomies. Electronic monitoring of the baby's heart rate during labor does not seem to produce better results than stethoscopes, but does lead to more Caesarean births, largely as a defensive measure. Deliberately breaking the mother's amniotic sac in order to speed labor also adds at least as many risks as it diminishes.

Some elements of the feminist movement have led to all sorts of perversions, but in matters of childbirth, they probably have led to much higher valid consciousness, and hopefully, this will serve to sort out appropriate from inappropriate childbirth procedures.

*With the advent of the Enlightenment, medicine turned its back on religion, philosophy, and even the humanities, and embraced a materialistic model of the world. This paradigm shift took about 100 years. It took only about 40 years for psychiatry to join this paradigm shift. Between about 1840 and 1880, psychiatry in the Western world embraced a materialistic and indeed even reductionistic view of the human, and of mental and social disorders. One of the manifestations of a materialized medicine has been efforts to draw analogies between various functions of the body and the physical universe. For instance, for many decades after the electrification of developed societies began in the late 1800s, the nervous system and brain were analogized as electrical, and later as a telephone system. Nerve impulses were spoken of as if they were electrical, nerves as if they were wires, and the brain as if it were a switchboard. This analogy continued even after it was discovered that nerve function relies primarily on chemical rather than electrical processes to propagate impulses, and that the electrical potentials that could be measured (as with the EEG and EMG) were the results of the function of the nervous system rather than the means of nerve impulse propagation.

*Hughes, T. P. (1985, Fall). How did the heroic inventors do it? American Heritage of Invention & Technology, 1(2), 18-25. One of the major ways in which humans communicate about things which are, at least for the time being, difficult to convey is by means of metaphor. Aristotle noted that mastery of metaphor is a sign of genius, since a good metaphor implies an intuitive perception of the similarity between entities that are otherwise dissimilar.

If a metaphor is well-chosen, it can afford one a sudden glimpse of insight and comprehension. For instance, the Bible uses many metaphors in speaking about God, the concept of an infinite God being extremely difficult for the finite mind and language to communicate. One such metaphor was that of God as a stronghold or fortress, incorporated by Martin Luther into his song, "A Mighty Fortress is Our God." Now we should note the importance of choosing the right metaphors. Would people be as moved and informed if God were metaphorized as a giant oil well bringing forth bubbling hot crude?

To forge a good metaphor requires the insight of a scientist or a philosopher, the imagination of a poet, and perhaps a touch of the irrational or the insane. In fact, the link between madness and genius may precisely lie in the capacity of the genius to seize upon metaphors as a tool for invention, as pointed out very compellingly by Hughes (1985). Many discoveries or inventions were based on the discoverer thinking in terms of metaphors, and even though the metaphor was obviously non-parallel or farfetched, the process worked as a powerful heuristic. An example is Newton's observation of the similarity between the fall of an apple and the motion of the heavenly bodies.

Inappropriate metaphors are commonly encountered in mental disorder. For instance, one mentally disordered woman who happened to be a virgin and longed to be virtuous saw the same two similarities in Mary, the mother of Christ, and therefore likened herself to Mary. This is a case of metaphor gone mad.

What is one to think of one of the common metaphors of the modern mind, viz., that of the human as a machine, and particularly that of the human as a body that is comparable to a machine?

*If we understand the materialization of medicine, we also can understand more readily why virtually any time the medical or psychiatric world does not know what the genesis of a disorder is, it will almost automatically invoke heredity. This becomes even more apparent when one considers the many pseudo-syndromes which flash across the human service stage in a series of crazes, such as "Alzheimer's disease," "learning disability," Tourette Syndrome, or quasi-pseudo-disorders

such as autism or schizophrenia. In every instance, at least one major theory will posit a genetic cause or at least a strong genetic predisposition. One spectacular recent example has been newly formulated theories that genetic predisposition accounts for a large proportion of depression and violent crime. One claim along these lines, supported by Dr. Hans Zellweger, is that stuttering is inherited (source item from George Johnson). Of course, this has been one of many old theories about the origin of stuttering. It is rather funny that one of the pieces of evidence cited is that stuttering is more common in males than females.

It is peculiar to note that this kind of reductionism often actually violates Occam's Razor in that so often, a much more parsimonious explanation than genetics would be patterns of family and social influence. This paradox seems to reveal that reductionism is more important to the people in the field than being truly scientific, and that therefore, reductionistic materialism may be more in the nature of a religion than a logical corollary of a scientific world view.

*A group of scientists at the Albert Einstein College of Medicine claimed (Science, 2/3/86) to have found abnormal amounts of a protein in the brains of people who have "Alzheimer's disease," and promptly labeled the substance Alz-50. This amuses us, because it implies either that the protein plays a causal role in the "disease," or that it is a by-product of an "Alzheimer's disease" process, and therefore potentially useful to diagnose the "disease." Will we soon discover Schiz-12, LD-72, Aut-17, etc.?

*As time goes by, it will become ever more possible to identify people who have a truly genetic disorder, or who are carriers of one. This will raise some complicated issues. For instance, an agency was trying to place a newborn baby whose mother had Huntington's disease, but the prospective adoptive parents said they only wanted the child if they could be assured that it did not have the disease. In time, all sorts of people will want to know such information about all sorts of other people. Our civil rights laws may in time include the clause "or genetic condition" in addition to things such as race, nationality, sex, handicap, etc., against which one may not discriminate (Science, 18/4/86).

*There is one other thing about contemporary western medicine that is very important to understand: it can be characterized as being in a state of implosion from its own complexity. There is so much medical knowledge that human beings can hardly master it anymore; there are so many complications as a result of technology (e.g., computerization), administration and the law, and the self-centered hedonistic individualism of citizens has so fostered an attitude of entitlement, that medicine has been compelled to practice defensively in the face of the high likelihood of damage suits. Even on the purely technical level of medicine itself, there would be enough to herald an implosion, even without the other complicators. Among other things, this implosion means that while extraordinary accomplishments are selectively achieved in narrow spheres, the probabilistic risk of being treated incorrectly and even damagingly appears to be dramatically on the rise, both across the board as well as for patients in specific types of situations. There are not many promising remedies in sight. One implication is that people need to assume a very aggressive role in their own treatment (such as recommended by Norman Cousins), try to be informed enough so as to be able to ask probing questions of their physicians, and screw up their courage enough to know when to say no.

*One shrink theory is that people get hooked on drugs, such as cocaine, because they are unable to obtain pleasure from other experiences. This is a good example of how a kernel of a valid insight gets perverted in the context of contemporary society and its values. The reason people cannot get pleasure is because they have been raised to be utterly externalistic and self-centered, and quite often because they have simply been saturated with sensualistic

hedonism from early childhood on. Also, one type of pleasure they are unable to get is that of a higher aesthetic and spiritual nature, because this requires an interior life, of which such persons have very little.

*In the mid-1980s, drug companies began to pursue a new advertising strategy. They began urging people to see their physicians for various ailments--because that is almost all it takes to make sure that the person will end up on a drug prescription. For instance, they started urging people with arthritis to go to their physicians, which is a subtle way of promoting arthritis drugs. The fortunes of the drug firms are apt to be also furthered by the fact that the US Food and Drug Administration lifted a ban on consumer advertising for prescription drugs.

*The chairperson of the Epilepsy Foundation of America said that 1/5 of the people who are receiving medication because they supposedly have epilepsy do not have epilepsy at all (CARC News, 12/85 & 1/86).

*The procedure used to ream fatty blockages from people's blood vessels in order to prevent stroke has a 2.8% risk of death, and no well-designed study has ever shown any benefit. Thus, the risk of the operation is at least as high as the risk of a stroke.

Threats to Life & Health: Nutrition & Food

*It is well-known that poverty and ignorance feed on each other, which explains why some people who are poor are malnourished even if, theoretically, they had enough money to eat adequately. Many poor people do not know how to shop well, how to buy wisely, how to balance a diet, or even how to cook. We appear to be seeing an increasing number of poor people buying convenience and junk foods, and some poor people and their children hardly ever seem to eat orderly meals; instead they munch on something or other at any hour of the day. The Physician's Task Force on Hunger in America has recently published its report which contains some alarming statistics. (Source item from Brian Silberberg) Twenty-two percent of the children seen at a Knoxville, TN, clinic fell below the 10th percentile for height. Hundreds of children are taken away from their families in St. Louis because the families can't afford to feed them. Marasmus and kwashiorkor have been identified in Washington, DC, at the same time as the Attorney General denied that hunger existed in America. Eighteen percent of the children in MA showed evidence of physical disease or handicap related to malnutrition in 1983.

Further, to do what it takes to get public assistance may simply take more than the poor have in them. The US Agriculture Department issues about one new regulation concerning its food stamp program every 10 days. In MS, 21 forms have to be filled out to get food stamps. A third of the people in the state are eligible, but only 19% of these get them.

*If we read in the newspapers that on the previous day, 35,000 people died in the world, we would consider it a headline catastrophe. Yet because 35,000 die every day from hunger and hunger-related diseases, it is no longer news. When people think of hunger in the world, they commonly think of famine, but famine is only a high concentration of hunger in one spot, whereas, ordinarily, hunger is widely distributed, in which case it is not called famine though that is precisely what it is for those who hunger. This once more illustrates how language can control our perception and thinking.

*One study found that more than half of a sample of US upper middle-class girls had tried some kind of diet by age 16 because they were dissatisfied with their bodies, and a total of 75% had been dissatisfied with the way they looked by age 18. In college, binge-and-purge regimens were normative among women. Youngsters who had these types of eating disorders were more likely to either have come from families in which there was alcoholism, or to become alcoholic themselves (APA Monitor, 11/85).

*A whole series of studies (see summary by Sobsey in TASH Journal, 1983) have found that handicapped children have all sorts of deficiencies in their diets, usually involving vitamins or minerals. One study found deficiencies in 50% of children with Down Syndrome, and another found deficiencies in 90% of "developmentally disabled" children. Sometimes, these deficiencies are due to the drugs these children are given. For instance, many anticonvulsants create an increased need for certain vitamins and minerals. Conversely, because tranquilizers often reduce bodily activity, they reduce caloric requirements, but they apparently also reduce the body's absorption of certain vitamins. Some behavioral training programs use sweet food reinforcers which are of little nutritional value but depress appetite. Paradoxically, they may contribute to obesity while also failing to meet nutritional requirements.

*It is amazing that to this day, we can see advertisements in the common media for appetite suppressants that include amphetamines, or amphetamine-related compounds, such as phenylpropanolamine. The latter injures the arteries, making them fragile and prone to leakage. It has produced brain hemorrhage in a number of people and killed several of those. It also has other unpleasant, particularly mental, side effects (Healthwise, 9/85).

*There is a possibility that the artificial sweetener Aspartame, marketed as NutraSweet, triggers seizures in some people.

*Raw (non-pasteurized) milk may be promoted in health food circles as particularly healthy for infants and older people. Yet because of the increasing resistance of the salmonella strain, exactly the opposite is true (Gray Panther Network, Fall 85).

Health: Other Hazards or Preventive Measures

*It is believed that smoking accounts for about 100,000 cancer deaths annually in the US (EA, 9-10/83).

*Since it has become known that smoking increases mortality, about 17% fewer American men have been smoking, while 6% more women have taken it up. Yet women not only run the same risks as men, but even more, since data increasingly are showing that smoking is very bad for the female reproductive system. This is evidenced not only by an increase in birth defects, but also in infertility and early menopause (Newsweek, 25/11/85). All this also underlines how utterly deceptive cigarette ads appealing to the female market are.

*Forty-six percent of Third World teenagers are now constant smokers, and by the year 2000, illnesses from smoking may become the No. 1 health problem in underdeveloped countries (Today's Health, 12/85).

*Some theoreticians believe that people who have unresolved conflicts of attachment to their mothers are more apt to engage in smoking, with smoking substituting for suckling on the mother's breast. In one experiment designed to help smokers shake their smoking habit, one group of smokers was exposed to messages presented below the conscious threshold of perception which proclaimed, "Mommy and I are one," while a control group was given the innocuous message, "People are walking." For what it is worth, five times as many became abstainers in the "oneness" message group than in the "walking" message group.

*Most readers will have learned from the news media that there has been an explosive increase in use of chewing tobacco and snuff among children. The tobacco industry is promoting this, especially with TV ads of sports heroes stuffing tobacco in their mouths, thereby apparently trying to appeal primarily to boys of the lower social classes. In some high schools, 40% of the boys are now chewing or

dipping, and many start before age 13. Much as a few months of heavy alcohol drinking in childhood can produce as much damage as decades thereof during adulthood, so can just a few months of oral tobacco use by children produce oral damage and even cancer, not to mention that it is more addictive than smoking tobacco.

*A survey of a suburban Syracuse area high school revealed that 96% of the seniors said that they had used alcohol at least once in the preceding years, 46% had used marijuana, and 8% had used cocaine. Surveyors thought that the results were closer to the truth than national survey data, which were lower (SHJ, 10/10/84). Because of very recent "improvements" in drugs, the figures are now probably appreciably higher.

*Human beings are exposed to about 53,000 chemicals in commercial substances. Only a small proportion of these have been tested for their capacity to cause cancer in humans, and this is usually the major thing that people are worried about. However, chemicals can cause other kinds of health damage, including neurological damage, since even fewer of the chemical substances are tested for this (APA Monitor, 12/85). A good example is the impact of lead on the nervous system of children, which has actually been fairly well established to cause all sorts of bad things (other than cancer) in children, and at a much higher rate.

*In the US, 675,000 children below school age are believed to have lead poisoning. This is more than all the cases of measles, mumps and chicken pox combined. If there was an epidemic of even one of these diseases, the national health sector would spring into high gear (CARC News, 12/85 & 1/86). Some wooden toys from Taiwan have been found to have unacceptably high levels of lead in their paint (CARC News, 10/85).

*Happy Thanksgiving! One of the most incredible and cynical anti-life practices has recently come to our attention. US government regulations permit bulk grain headed for market to contain a certain amount of impurities. Some farmers will bring in grain with very few impurities, but at commercial grain elevators, foreign materials are added in order to bring the grain "up" to the maximum percentage of allowable contamination. Thus, any number of contaminants might be added, such as stone and dirt. If one is lucky, the contaminants are edible substances of lower quality, such as broken kernels, corn cob particles, cheaper varieties of grain, or wild onions. The latter will add a potent taste to the grain which makes it difficult to use for human consumption. The euphemism for this remarkable process is "mixing." This is in contrast to Canadian and Australian practices where contaminants are removed rather than added. As a result of these shenanigans, American grain sold abroad has acquired a reputation of sometimes being little better than garbage, and buyers have complained that they first have to pay the freight for the garbage that is added and then the cost for cleaning the grain. As a result, more and more buyers are trying to avoid the American market. This whole process is not only profoundly inimical to some of the poor countries that virtually have to buy US grain, but also to the efforts of American farmers to uphold the integrity of their craft, and whose life-giving labour is thereby vitiated by unscrupulous and unproductive middle agents.

*There currently is a debate whether to raise the US maximum speed limit once more above 55 miles per hour. Research estimates are that increasing the speed limit to 60 or 65 mph would amount to 850,000 travel hours saved for every additional life lost. Aside from the peculiar arithmetic, we strongly suspect that the figures are vastly distorted, and that the loss of life would be much higher. (Source item supplied by John Morris)

*After the 1964 rubella epidemic, the condition was so effectively combatted that many young pediatricians today have never seen a case of it. Young women have little chance of contracting the disease prior to their fertile years, and an increasing proportion thereof have no immunity against it. Soon, the stage may be set for another outbreak, conceivably of a more virulent form than before.

*An article in the American Scientist (3 & 4/86) concluded that it will be very difficult to either prove or disprove reproduction hazards from video display terminals (VDTs) because, as with a number of similar issues, the "data are ambiguous and the stakes are high." The article reviewed some of the history of the controversy. Its own conclusion is that there can be no doubt that reproductive problems occurred in clusters of women users of VDTs, but that it is not at all clear that they were caused by the VDTs. However, a Swedish study claims to have found once again that radiation emanating from computer screens or VDTs causes severe birth defects in offspring of pregnant laboratory animals. Thus, there is also reason to be concerned about pregnant women who have high exposure to such apparatus.

*By 1987, there are supposed to be very deep cuts in migrant worker health programs, Medicare, Medicaid, and sewage control. The only good news is that VA hospital construction programs are also to be severely cut.

*The average low income apartment in the southeastern US has about 26,000 cockroaches (NCR, 14/2/86).

*More and more data are coming in that Accutane, if taken by pregnant women against acne, produces severe damage in the offspring.

*When a spouse dies, the mortality rate for the surviving spouse increases 46% for men and 26% for women (Aging, Summer 1984).

* Liquid soap from dispensers is recommended in instances where there is a danger of bar soap becoming a repository for infections.

Threats to Life & Health: The Environment

Nuclear Hazards

*Even though Congress passed legislation in 1980 aimed at opening new nuclear waste disposal sites by 1985, not a single such facility has been developed, none is on the horizon, and none is likely to be during the rest of this decade (Science, 2/8/85). The nuclearization of the world is proceeding apace, even though humanity has not discovered a single safe means of disposing of the toxic wastes.

*The US Congress passed a law in 1978 requiring the uranium industry to clean up its toxic mill tailings, of which there are 191 million tons at 26 sites in seven states. The tailings contain radium (a source of radon gas) which, in turn produces other very toxic gases plus an array of other toxic heavy metals. At five milling sites in New Mexico, the ground water has already been contaminated. Further, wind erosion carries the toxins literally into the four winds. Despite all of this, hardly any of the 1978 legal provisions have been implemented, and little progress is expected during the rest of this century (Science, 9/8/85).

*On 11 April 86, Science reported that the nuclear industry tried to persuade the Nuclear Regulatory Commission that the risk of nuclear meltdowns was much less than had been thought, and cited the Three Mile Island accident in support, saying that much less radiation escaped than might have been expected. Ironically, the article was titled "Nuclear Meltdown: A Calculated (and Recalculated) Risk." Within two weeks, the world learned about the calculated risk that turned into a disaster in Russia.

*After years of controversy, it is now believed to be virtually certain that a large area in Russia, somewhat west of the southern Ural Mountains, was contaminated with radioactivity in the 1950s. The area was evacuated, and it is believed that convicts were sent in to do some clean-up work, many of whom died from radiation sickness. How the radiation pollution occurred is controversial, the leading hypothesis being that a chemical (rather than a nuclear) explosion dispersed radioactive wastes from a cooling and holding pond of a nuclear weapons plant. However, it is also believed that prior to the explosion, the plant had already produced rain of such acidity from its smokestack as to kill all vegetation within about twenty kilometers (Science, 16/4/82).

*All over the US, power companies are trying to get rate payers or the government to pay for their ill-advised and failing nuclear power plants. Even as power companies are still running roughshod over unequivocal majority opinion (at least in many areas), they are trying to force that majority to pay for the failures associated with these schemes. Some of these failures are now so costly as to constitute major disasters, as in the Northwest. A good analysis of this issue is contained in Environmental Action, 7-8/82.

Pesticide Hazards

*Of the US apple crop, 38% is sprayed with a carcinogenic chemical, Daminozide, which goes under the trade name Alar. The poison is absorbed into the apple's pulp so that there is no way to get rid of it. Many other fruit crops are sprayed as well, often because this also increases the firmness of the fruit and controls the maturation rate, as well as warding off pests (E A, 1 & 2/86). Apples may be sprayed as many as 15 times during the growing season with various poisons, and some lettuces may have as many as 17 pesticides applied to them (UpDate, 12/85). Other fruit bought in a supermarket is also apt to have been heavily doused in all kinds of chemicals. Bananas, watermelons and other fruit may receive a coat of wax not much different from what one puts on one's car or kitchen floor. Oranges and similar fruit may be dyed to appear to have a color closer to the public's image of how such fruit would look if it were ripe. Even jelly beans get a coat of shellac. Soon, a great deal of food will be subjected to gamma or X-rays, and 20 or 30 years from now we will find out how healthy that is (Environmental Action, 5/82).

*The water pipes of the water system of Chesapeake, VA contain a lot of chemicals and asbestos, and therefore, so does its water. Yet the city mandates that citizens connect to its water supply rather than using their own wells (Environmental Action, 5/82).

*Leukemia rates are highest in rural states, which probably means that it has resulted from the widespread use of chlorinated hydrocarbons in products such as pesticides. Corn-growing farmers have much higher rates than wheat farmers--who use much less insecticide. Rates for certain other cancers are also extremely high in a number of farm states. Some of the insecticides that have been banned in the US are still manufactured there and exported to other countries, and often come back to the US in or on imported fruits and vegetables (Medical Tribune, 29/1/86; source item from Cheryl Heppner).

*During the last 40 years, only 4 major new classes of pesticides have been developed. All the modern pesticides we hear about fall into these 4 classes. Yet insects develop resistance to such compounds much more quickly than new ones can be developed. Thus, hundreds of insecticide-resistant strains of agriculture pests have emerged from 40 years of heavy-handed use of pesticides (Science, 14/3/86).

*Virtually everyone is aware that all kinds of micro-organisms have acquired resistance to antibiotic drugs, and that all kinds of vermin have acquired resistance to insecticides. However, few people are aware of the degree of resistance which many pest insects developed, and in how short a period of time they did it. For instance, in 1965, some of the more common insecticides had to be applied in quantities 10-20 times larger than in 1960 in order to control the boll weevil that likes to dine on cotton. DDT, required in only a trace amount in 1960, had virtually lost its effectiveness in 1965, even with a dosage almost 100,000 times as strong. Similar experiences were recorded with the tobacco bud worm, against which the dosages of different insecticides had to be increased between 6 and 30 times in 1965 over 1961 rates (Science, 2/4/82).

Other Chemical Hazards

*Over 1000 new chemicals are created every year. Some 66,000 chemicals are being used in the US, of which 60,000 have been classified as definitely or potentially hazardous. Some known to be definitely harmful are not classified as hazardous, and they can be discarded "like orange peels." Regardless of their potency, only 10% of chemicals are disposed of properly. There are 378,000 waste disposal sites in the US that may need corrective action, with toxic dumps in virtually every county of every state, and at least 10,000 posing a high-priority health threat. Most of these sites are unknown. Eventually, clean-up is estimated to cost more than \$1000 per US household--possibly more than \$100 billion total. A survey of CA landfills shows that every one of them was leaking toxic materials, and that landfills in general will eventually all leak. Even once a site is cleaned up, it has been found later to continue oozing toxins. What it boils down to is that adequate technology to handle chemical pollution is really no better in hand than that to handle nuclear waste. The imperial structures are merely shifting the burden to future generations. Even the nation's most progressive waste disposal firm was fined \$2.5 million for disposing illegally of toxic chemicals. Even in very contaminated communities where people are dying like flies from cancer, the population is often totally indifferent. For short-term gain, some communities have even offered themselves as dumping sites, and it is citizens in such communities that are particularly likely to pretend that there is no pollution or danger (Time, 14/10/85).

*There was remarkable news about a scientific committee charged with evaluating just how toxic the Love Canal area was. We can only consider it an example of collective crazification that the committee voted first that the place was fairly safe, then that it was not, and then that it was about "as safe as the surrounding area." It has since turned out that the surrounding area is itself extensively polluted, having been the site of all kinds of chemical industries for a long time. It was found that the soil contained one carcinogenic poison, the drinking water two, the air two, shallow ground water four, deeper ground water three, the subsoil four, and in addition to all of this, eight toxic heavy metals were found all over the area. None of the substances by itself is present in amounts that exceed federal standards, but of course very little is known about the summation and interaction of these toxins (Science, 27/8/82). This raises an interesting question as to just what a responsible parent should do who lives in that area. A child in that area would be assaulted during all of his/her growing years by multiple poisons whose interaction is not well understood, the assault coming via air, water, and just about everything one touched, and possibly also from many foods grown in the area.

*TIPS readers will have heard and read a great deal about the awful mass poisoning in Bhopal, India as a result of an industrial accident. To this, we only want to add a few observations. Union Carbide that built the plant and owned about ½ of it had played a key role in the Manhattan Project which produced the atomic bomb during World War II. The toxins involved were so dangerous that little

research had been done on them and there are therefore no antidotes and no treatments. For years, the plant had been known to have had deficiencies, and the issue had even been raised publicly within the two years preceding the accident, but a state labor minister had given a classical imperial response to criticism: "There is no danger to Bhopal nor will there be" (Newsweek, 17/12/84). The imperial attitude prior to the accident had been one of such certainty and "total control" that there had not even been an evacuation plan for the factory or the city. Thus, the dramatic response of the Indian government after the accident was somewhat deceptive.

Many communities around the world, including in North America, harbour within them industrial plants capable of doing similar harm. An estimated 6000 facilities in the US make possibly hazardous chemicals, most of them near to where poor people live. Union Carbide runs a plant similar to the Indian one in a small township in WV, called Institute. Oddly, the community has very few inhabitants--other than those of an institution for 300 handicapped people. Again, the community had no emergency evacuation plan.

*Few people born in recent decades are aware of the fact that aluminum, ubiquitous today, was not available in commercial quantities until a few decades ago. However, we now have learned that aluminum is a brain poison, as are many other kinds of metals, and can cause senile dementia and weakening of bones. Yet aluminum is alarmingly prevalent in all kinds of food, or products we use on our skin. It is found in many cake mixes, salad dressings, pickled goods, baking powder, processed cheese, numerous common kinds of medicines, many lipsticks, skin creams, and most deodorants and many feminine hygiene products (Healthwise, 8/82). The 10 September issue of Science also reported an unusually high incidence on the island of Guam of several forms of diseases usually associated with senility, such as Parkinsonism. There is an extraordinarily high level of aluminum and low levels of other substances in the soil and drinking water of the island, and abnormal aluminum deposits were found in the central nervous systems of people and those afflicted.

There is also increasing evidence of the toxicity of aluminum to non-human organisms. For instance, the dying-off of the fish in lakes and waterways in the northeast of the US and Canada, which had been ascribed to the increasing acidity of the water due to acid rain, may actually be due to the aluminum concentration of the water increasing as a result of its acidity. Aluminum becomes toxic to fish at 100 parts per billion, and some Canadian lakes have almost 400 parts per billion (Science, 21/12/84).

In time, we may find that we have to cut back severely in our use of aluminum products, and the law may have to restrict the aluminum content of many of products.

*It is believed that the average American citizen today is subjected to 500 times as much absorption of lead than prior to its widespread industrial use (Contemporary Psychology, June 1982, p. 430).

*Industrial sources and automobiles dump 285 tons of lead into the environment every year. Three thousand tons are dispersed by hunters using shotguns that fire lead pellets. The problem is that these lead pellets are concentrated in relatively small areas to the point where favorite hunting grounds contain as many as 400,000 pellets per acre, or up to 200 pounds. An acre is not very large, and these figures are almost incomprehensible. Many fowl that escape the hunter's shot end up swallowing the lead pellets when they feed, dying a delayed and more tortured death of lead poisoning. The problem could be dramatically reduced if steel pellets were used instead of lead, but as usual, there is all sorts of opposition to this, including from the National Rifle Association (Science 81, 10/81). Steel shot is not quite as efficient as lead, but then stones and arrows were not quite as effective as lead before that. If effectiveness were to be the criterion, perhaps one should hunt with flak.

*Gosh, it seems like only yesterday that Clare Booth Luce was appointed ambassador to Italy! Be that as it may, shortly after she took office, she began to ail and fail, but no one could figure out what her problems were till it was discovered that in the bedroom of her Italian villa, the paint from the ceiling was flaking microscopic quantities, that it contained lead (as did a great deal of old paint), and that she was suffering from lead poisoning.

Most people think of pollution occurring outdoors, but scientists are discovering more and more indoor pollution, much of it emanating from the chemicals and gases given off by synthetic materials, furniture (especially its paint), carpeting, paneling, certain types of clothing and home insulation, not to mention burning stoves, furnaces and heaters. Some experts believe that these types of pollutants may be a significant cause of sickness and even death among Americans (Common Cause, 6/82). However, virtually nothing is being done about the problem.

*Some gasolines contain as much as almost three grams of lead per gallon. The amount of lead homogenized into the environment through exhaust emissions alone is unimaginable to most people. In 1973, lead in gasoline was finally reduced, but the current US federal administration would like to remove the restriction, and many refiners would ruthlessly like to reinstitute lead into the gasoline. Lead is a most pernicious poison with vast and extremely subtle impacts, and it will be virtually impossible to prove with certainty a precise correspondence between certain damages to certain people, and lead from gasoline. It has been shown that children particularly are likely to have much more lead in their blood than is good or even safe, and that it is particularly children who live in less desirable settings (such as close to highways) who are apt to be affected. Evidence is beginning to come in that even relatively low levels of lead in the blood can impair children's attention, and that such children are more restless. Thus, one of the many things that lead does to children is to make them stupid. If there is really such a thing as the new epidemic of "learning disabilities" that the human service industry claims, then lead must surely play a large role in it.

*People in a region in Yugoslavia that has several factories in it may have the most severe and widespread lead poisoning in human history (Science 82, 5/82).

*Researchers have wondered for a long time just how smoking causes lung cancer. A report in the New England Journal of Medicine suggests that the cancer may be caused by radioactive lead contained in the tobacco condensing into the airways where it decays into radioactive polonium.

*Because of greater fuel efficiency, more and more light-duty vehicles are being powered by diesel engines. However, diesel engines have a much higher rate of particulate emission. It is estimated that by the late 1980s, diesel engines may emit 155,000 metric tons of particulates in the US, with an equal amount being emitted by heavy-duty diesel engines and other diesel machines. Furthermore, it is believed that the emissions from diesel engines have a higher likelihood of causing cancers after people have been exposed to them for 20-30 years (Science, 4/23/82, p. 360-362).

Threats to Earth's Life Forms

*Around the world, about 40,000 plant species that have not already died out are in danger thereof. In the US, there are 22,000 higher plant species that are native, and about 3000 of these are facing extinction (Time, 4/11/85).

*While most people have heard about acid rain killing the fish in north-eastern North America, few people have yet caught on that vast deforestation may result from this acid as well. Furthermore, it is also not well recognized that this damage is not done by acid rain eating up the leaves, but by bringing acid to the soil, which releases toxic minerals that are normally bound in a harmless fashion and that this in turn destroys plant roots. Even if acid rain were stopped suddenly, which is virtually impossible, the increased acidity of the soil could continue to do damage for some time. Furthermore, a major element of protection of plants against insects is their own natural health. When plants begin to ail, they much more readily fall prey to insects. This may explain why now there is at least one, or even several, major insect plagues for most major varieties of trees. Considering the literally unimaginable extent of the potential ecological catastrophe that is now in the making, and that could result in the destruction of forests all over northeastern North America, with damage amounting to trillions, people are remarkably bland about the whole thing.

*It is estimated that acid rain and related air impurities significantly abbreviate the lives of about 51,000 Americans annually--mostly people with respiratory or circulatory problems.

*Only a fool would eat fish caught in the Great Lakes, because 350 different contaminants have been found in the lakes (EA, 1 & 2/86).

*Acid rain has killed the fish life in 6500 Scandanavian lakes, in 80% of all lakes in the Midwest and Northeast US, and those in Ontario and Quebec are in danger if not already dead.

*It is estimated that half the trees on a northern VT mountain have died from acid rain since 1964. Some of the fog shrouding the mountain has been recorded to be as acidic as vinegar (AP, in Syracuse Herald Journal, 18/10/82).

*Our image of India is still deeply affected by Kipling-like literature and films such as Jungle Boy. Indeed, in 1865, India was about 60% jungle. Since then, there has been ruthless exploitation of its timber for commercial purposes even while the largely poor population has been cutting down trees for meager cooking fires. Today, less than 10% of India is forested, and even that residue is disappearing fast. At one time, the Himalayan mountain sites were heavily forested, but this too is disappearing quickly. As a result, India, already terribly poor, is rapidly eroding and turning into desert--oddly enough punctuated by serious floods because there is not enough soil left to absorb rapid rainfalls. The Indian government has simply not been able to cope with the issue, in part because the poverty of India is so great as not to allow for long-range planning with its concomitant postponement of short-term benefits. For instance, some species of trees could be planted so as to yield profits within 5 years, but people are not able to wait 5 years when they are already on the edge of existence.

*We have reported before on the unspeakable tragedy of the German forests dying as a result of acid rain. Scientists now speculate that at a certain point, acid rain inflicts irreversible damage, and that die-off will continue even if the rain were no longer so acidic. The acid already in the soil may even change the soil biota so that these themselves, through adaptive evolution, become acidic. Thus, acid rain by itself may do such massive world-wide damage to so many plants as to eventually contribute to a massive population collapse because of mankind's extensive reliance on the plant world (Defenders of Wildlife, 11 & 12/85).

*To everyone's amazement, scientists have recently discovered that termites produce a huge proportion of the world's atmosphere, especially methane and carbon dioxide. Considering that no one has known about this, the question has been raised what other rather basic facts about our ecosystem may be right before our noses that we have not as yet discovered or understood (Science 82, 5/82).

Miscellaneous Environmental Issues

*Carbon dioxide and other gases are increasing so rapidly in the atmosphere that they are quickly approaching the levels believed to have prevailed a hundred million years ago (Science, 2/5/86). It is widely believed that climatic impacts will soon become very apparent--and quite likely irreversible. A major bit of evidence of the warming trend has been that during the last 40 years, more than 50,000 cubic kilometers of polar or glacial ice has melted. This addition of water to the oceans has also contributed to a slight reduction in the rotation of the earth. While satellites can now keep good track of the ice cover of the earth, there is widespread apprehension among scientists that whatever it is we are doing to the environment may eventually become uncontrollable, so that even drastic global human response measures may not be able to avert some kind of disastrous dynamism once it has achieved a certain momentum.

*A typical prediction is that the average world temperature will rise by 3 ± 1.5 degrees centigrade (Science, 13/8/82, p. 620). If this interpretation is valid, it would most likely mean that on the one hand, northern latitudes will become more hospitable to agriculture, but that on the other hand, there will be considerable melting of polar ice and a flooding of many coastal regions. Cities such as London may actually have to be abandoned.

*In a very remarkable and not fully understood fashion, bacteria that acquire resistance against antibiotics manage to pass on their own resistance to yet other bacteria. Previously, it was thought that resistance was acquired by random mutation, whereas now it seems that bacteria exchange part of their genetic code with each other, so that even a bacterium that has acquired a certain characteristic (such as resistance to an antibiotic) can pass this characteristic to another bacterium that has never been exposed to the antibiotic. Even though there is intensive research to develop new types of antibiotics which can defeat increasing bacterial resistance, some experts foresee the possibility that regardless of how many new and exotic antibiotics are introduced, there will be a time when up to 90% of infections will be resistant to all available antibiotics (Discover, 8/82).

*Eyeballs in your highballs. More and more American cities will have to use sewage as the source of their tap water. In order to make sewage palatable, no less than ten different processes are required, none of which are new, but which previously have rarely been used in combination. However, there has been some concern that as we become more and more sophisticated in inventing forms of pollutants, it may be harder and harder to purify the water. It is conceivable that some poisons (especially carcinogens) may be very difficult to remove. In fact, they are very difficult to detect in the first place, and may be in the drinking water for years before they are identified and something is done about them (Science Digest, 2/82).

*There is something unspeakably perverse about the fact that the farmers who are farming the richest farm land in America, i.e., in Iowa, are going broke in masses. The urbanized population of America, alienated from the land, from nature, and to some degree from hand labor and tools, seems to be totally uncomprehending of what is happening and what it means.

*Around the world, there have been epidemics in recent years of girls, and sometimes boys, from six months on up displaying secondary female sexual characteristics. Apparently, this can happen to the children for a number of reasons, such as eating the meat of animals that received a hormone supplement in order to put on weight more quickly; drinking milk from cows that have received such supplements mixed into their food, or by injections; having parents who work in birth control pill factories and carry estrogen powder on their clothes, thus exposing their children to it; and sometimes even exposure to insecticides (Time, 25/10/82).

*People using old color TV sets as video terminals are at dramatically more risk of radiation exposure because they usually sit much closer to a video terminal than if they are watching ordinary TV. Radiation thus received could exceed the safe limit by up to nine times (Healthwise, 11/82).

Gender, Sex & Reproduction

Gender Identities & Differences

*At a recent faculty meeting, the TIPS editor was amazed to be told something to the effect that "the concept of androgyny has served its political purposes and is now being replaced by other constructs." This statement was made without any recognition of the profoundly ideological nature of psychological and sociological research. This being the case, what is one to make of all those "scientific research studies" that have "proven" that feminine women and masculine men did not make good lovers, but that "androgynous" people do?

*There have been endless controversies about which differences between males and females are genuinely sex-linked, and which ones are learned during the process of socialization. Liberal and/or feminist ideology holds that there are virtually no sex differences other than those pertaining to bodily sexual characteristics, but this dogma flies totally in the face of well-established facts, such as that neuropathologists can differentiate the in vitro brains of males and females of numerous species with the naked eye, i.e., not even requiring magnification, staining, etc., or only very little thereof. One of the areas of human performance in which past research has consistently found better male than female performance has been that of mathematical reasoning. In recent decades, this was ascribed to differential socialization, but a 1983 study (Science, 2/12/83) found that if one considers only the top performers in mathematical reasoning in children below the age of 13, there are 13 times as many boys as girls. This sex differential comes closer and closer to parity the more one includes boys and girls of all ability levels. The authors were unable to explain this finding (which was a euphemism for saying they could not think of any environmental dynamics), considering that the highest performers in mathematical reasoning were so young, and had not been exposed to unusual coaching or math courses, nor had substantial differences in background or attitude. They did find that the top-scoring group was much more likely to have an immune disorder, to be near-sighted, and not to be right-handed! Of course, using this method of looking only at the most extremely high performers in other particular performance categories may reveal in the near future that girls are disproportionately often represented, as perhaps in certain verbal areas.

*A doctoral research study found that both men and women can be sexually aroused by the portrayal of a rape in which the woman's initial reluctance turns to desire and cooperation (The Human, (5), 1984). If the findings are valid, it would suggest that women are as much affected by the so-called rape myth as men.

*Studies are finding that the mentalities of men and women are becoming more and more alike. For instance, women used to have very different dreams than men, but at least in the dream world, equality seems to have been achieved. Thus, women now have about the same proportion of dreams that deal with competition or winning as men, which is a dramatic change. Furthermore, male celebrities turn up as much in women's dreams as women celebrities do in men's.

Sex-Related Behavior

*Fireflies that were forced for 15 generations in a row to mate late in life increased their life span by 50%, as well as their resistance to environmental stresses, heat and alcohol. Scientists have speculated that if humans postpone sex

until they are 80, they might be able to live until they are 200 years old, but the spokesperson for an association for elderly people said, "We maintain it is quality of life that really counts, not quantity." (Daily Mail, 26/7/84; source item furnished by Paul Williams)

*There are at least two reasons why violence and sexual behavior are linked. (a) In much of the two-sexed animal world, courtship and mating behavior involves competition with conspecifics. (b) Brain centers involved in the arousal that accompanies violence are closely associated with those through which sexual arousal is mediated. Thus, arousal in either of the two can easily spill over to the other.

*Believe it or not, there exists a specialty of phallometry, which concerns itself with the science of measuring the size of the erected penis.

*"Sexuality and the mentally handicapped" is one of the most widely used training programs on the topic. It is published by Stanfield out of Santa Monica, CA, and uses a slide and script format. The program explains a range of contraceptive technologies which, in itself, could be very confusing for many retarded persons. One of these is Depo-Provera, but the risks thereof are not adequately explained. In one sequence, IUDs are interpreted as merely "another kind of birth control" that "will stop the woman from getting pregnant." Furthermore, the birth control pill and the IUD are interpreted to be "the easiest kinds of birth control to use." (Material drawn to our attention by Griff Hogan.)

Fertility & Fecundity

*On 9/12/85, Time had a cover story on "children having children." There is a higher teen pregnancy rate in the US than in any other developed nation; but more extensive sex education, as in Sweden, is also correlated with even earlier entry into "sexual activities," which is a very modern euphemism for promiscuity and fornication. The problem is vastly more serious in America's underclasses than in the more privileged ones, who are also much more likely to obtain abortions. In one Chicago high school, one-third of the female students at any one time are pregnant. Social pressure to be sexually active both in the schools themselves and via the news and entertainment media is almost irresistible for youngsters. During a year's time, the average TV viewer will see 9,000 instances of implied sexual intercourse on prime time TV alone. Fifteen percent of pregnant teens become pregnant again within a year, and 30% again within two years. Surprisingly, only 45% of pregnant teenagers seek abortion, and only 5% decide to surrender their babies for adoption after they are born. Because of the circumstances under which they are conceived, many of the children of these children are unhealthy, and even if they were not, most of them grow up in a disordered context. Unfortunately, a large proportion later wind up in foster care, often as a result of child abuse. Eighty-four percent of Americans regard teenage pregnancy as a serious national problem. The single biggest thing people are trying to do about it is to prop up sex education in high schools and distribute contraceptives there. Amazingly, the sex gurus claim that the answer is to become "more open" (another euphemism) to sex. We can thus see that rather than facing more fundamental causes, the response is primarily one of trying to institute yet another technological fix. In fact, liberal and family planning quarters denounce and deride any efforts to improve the morals of teenagers, oddly enough referring to it as "unrealistic."

*For decades, millions of pregnant women were given DES which was believed to combat pregnancy complications. Eventually, it was discovered that the daughters of such women were much more likely to develop reproductive problems and cancers. Yet more recent research indicates that the damage may be even bigger. Such daughters seem to have all sorts of sexual and reproductive problems, seem more given to mental problems (a not uncommon phenomenon in people with reproductive problems), and the sons may also have a higher rate of abnormalities of their sex organs (This Month in Mental Health, 6/85).

*Depoprovera, an exceedingly controversial drug with all sorts of terrible side effects, and which is said to produce "menstrual chaos" in women, has been approved for use in Canada. When injected, it prevents conception for three months, and is therefore favored by people looking for easy technological fixes. In the long run, the drug may turn out to be something like the infamous DES which was found to cause cancer in the children and possibly even grandchildren of the women who used it (Interim, 2/86).

*G. D. Searle seems to have learned nothing from the ill fortune of A. H. Robbins, which made the Dalkon Shield, a popular intrauterine device. After untold women suffered infections, sterility and death from the device, resulting in a billion dollars' worth of damage suits against Robbins, Searle eagerly stepped into the market void and captured about 90% of it. Currently, one million American women use Searle's copper-7 IUD, but now an increasing number of them are filing the same kinds of suits against Searle as had been filed against Robbins. It is not the effectiveness of the IUD that is being questioned, since sterility is an extremely effective method of birth control. Interestingly, the device is supposed to be the safest of the IUDs--which does not say much, considering how widely such devices are used across the world (Newsweek, 16/12/85).

*The supposedly first totally new birth control method since IUDs is Norplant, a contraceptive implant for women manufactured in Finland, supposedly effective for up to 5 years. No other radically new methods are anticipated for at least another 20 years (Science, 13/9/85).

*As Science (13/9/85) observed, there is strong ideological opposition to natural birth control, and that has nothing to do with the practical considerations. The most advanced such natural methods are highly effective and are also highly consistent with at least one feminist goal, namely, to become aware of the processes of one's body and to use these harmoniously. Natural methods are also much more in harmony with the cultural values of many societies, whereas artificial methods go hand in hand with a medicalization of reproduction and childbirth. Nevertheless, mainline feminist and liberal circles, and certainly the vast majority of the family planning movement, are profoundly committed to technological methodologies. Among the stated practical reasons for this opposition is that natural methods require longer teaching time, and therefore, also longer periods of getting established, even though it has been shown that even illiterate women in the Third World are quite capable of learning them. However, because these methods require more teaching, they are about 10 times more expensive than simple technological fixes.

Venereal Diseases--Mostly AIDS

*Anyone who has studied the great plagues knows that while a plague is on, the truth about it will not be told. A major reason is that the imperial powers always claim to have everything under control--and plagues are not under control. This helps us understand at least some of the controversies and distortions about the facts of AIDS.

AIDS is one of the most variable diseases. Its causative agent has been evolving with incredible speed, dozens of times faster than influenza bugs, and thus cannot be considered a single unchangeable entity. In fact, no two viruses from AIDS patients are alike (Time, 7/4/86). There is a considerable risk that all sorts of variations may evolve that can be transmitted much more easily than now, including by many more, and non-sexual, modes of transmission.

Even as late as 12/85, countries in Central Africa denied that they had a single AIDS case.

*Early during the AIDS scare, people who had it kept insisting on donating blood, and the (imperial!) blood banks refused to institute even the most cursory screening, including such things as merely asking people whether they had AIDS. In consequence, an awful lot of children suffering from hemophilia now have AIDS. In one residential program for 60 handicapped children, half had hemophilia, and half of these now have AIDS (Time, 4/11/85).

*One of the current deceptions that tries to perpetuate the myths of hedonism is that AIDS can be prevented by "safe sex." One implicit message is "use precautions and keep fornicating."

We have also been told that the AIDS virus dies very quickly once outside the body, but now it has been shown that it may remain alive and active for up to 15 days. Despite this discovery, we are still being told that people cannot catch AIDS by contacting objects on which there is a deposit of the AIDS virus (Newsweek, 21/4/86). Further, despite the fact that a mother has caught AIDS from her child (CAP, 2/86), we are still being told that there is no risk of transmission from infected children.

*The availability of blood samples collected over a period of years on a group of homosexual men in San Francisco even prior to the AIDS scare has provided insight into the startling and sudden increase in the prevalence of AIDS. In 1978, only 4.5% of the men tested positive for antibodies to the AIDS virus, suggesting that they had been exposed and were infected and infectious. Within two years, the proportion had risen to 24%, and by mid-1985, it had reached 73%. Another, non-longitudinal study, of homosexual men in New York found 53% of them to be infected as of 6/82. There thus exists a distinct possibility that a mass die-off may occur among homosexual males some years hence. The implications of this are both staggering and unforeseeable (Science, 29/11/85).

*As of 1/86, it was estimated that up to 1 million people in the US had been infected with the AIDS organism. How many will actually get AIDS is unknown. In one sample, 35% did. AIDS is now the leading cause of death among some population groups, e.g., single men aged 25-44 in Manhattan and San Francisco (Science, 27/9/85). More and more, women are getting it, and eventually about half of AIDS sufferers will be women (Science, 31/1/86).

*Infected people are currently considered to be infectious (Science, 29/11/85). However, by far the highest infection rate has been found in people suffering from hemophilia. Evidence is now emerging that the AIDS virus also infects brain cells, and possibly other systems. This may account for the mental decline of people in advanced stages of AIDS, and the poor mental development of children who catch AIDS from transfusions or their mothers (Science, 25/10/85).

*Children born with AIDS usually die within 3 years, but what happens to those who acquire it after birth is not yet clear. The TIPS editor led an exercise in FL in 8/85 that delineated a model-coherent social role-valorizing service strategy for infants with AIDS.

*The US Public Health Service anticipates that there will probably be 100,000 cases of AIDS or more before the spread of AIDS can be arrested (if it can be)--and that this is merely a hoped-for goal or estimate. Since it already costs about \$100,000 to treat a person with AIDS, the total treatment costs alone will amount to over \$10,000,000,000. (Who has a name for this amount?) The Reagan administration has argued that increased funds for AIDS should be taken from other activities, which probably means the poor and handicapped. The implications of all this are mind-boggling and are apt to confound, infuriate and sadden us for years to come.

*We should ask just why AIDS has elicited certain strong reactions from people. For instance, there was a time when syphilis was very common--vastly more common than AIDS is today--and when it also carried with it a very high likelihood of death, or at least of irreversible insanity. Earlier in this century, Bellevue Hospital in New York City treated at least 200 people each day for syphilis! Yet the public never responded with as much panic to syphilis as it has to AIDS. Our guess is that the major reason why public response has been so vehement to the outbreak of AIDS is because the advent of AIDS symbolizes the futility of both hedonism and of technological "solutions" to problems of human living. Because one of the idolatrous claims of contemporary Western hedonism is that one can and should pursue unbridled self-satisfaction of a hedonistic nature, and that technology will be a major tool in this pursuit, people have been misled to consider themselves entitled to unlimited self-indulgence, not only in the area of sex, but in other areas as well. People also believe that they may indulge themselves in these ways without any obligation to a higher moral law, and that their self-indulgence can be enjoyed without any of the "costs" that were formerly seen as attached to it, such as hellfire, insanity, VD, death, etc. With the outbreak of AIDS, the clay feet of the contemporary hedonistic idol have been revealed, and its promises uncovered as lies. But people get very angry when their gods are revealed as idols and false. Therefore, the public is demanding that death be defeated so that their old faith in unbridled hedonistic indulgence can be restored and "practiced." The public looks to medicine--one of its other idols--as its savior, and is demanding that modern science come up with quick and easy preventive and curative technologies to defeat AIDS. Indeed, many people have been totally explicit in demanding, in so many words, that such cures be found because the specter of contracting AIDS denies to them their entitlements--in this case, to promiscuous casual sex, often of a homosexual nature. Thus, rather than responding with remorse and penance for their promiscuity, and with a change of heart and of life, their response has been one of utter rage. This is especially obvious in the responses of many of those who have already contracted AIDS, and their advocates, to claims that AIDS might be viewed as a natural consequence of decadent living. The question as to whether an individual person who contracts AIDS is indeed experiencing retribution, or something along those lines, is irrelevant; rather, what is relevant is the response of the potential victim groups and their advocates to the reality that a decadent lifestyle does have its cost, and in this case, the cost is not just laid on others (as it so commonly is), but is likely to be heavily shared by the hedonistically-living person.

*It is our belief that one should not wish ill things upon anyone, and that those who suffer deserve compassion even if they have brought the suffering upon themselves. At the same time, it is absurd to deny cause and effect relationships when particular patterns of suffering are indeed brought about by particular choices one makes. All of this is relevant to the AIDS situation. Most adults who have AIDS are people who have surrendered themselves to the lies of modernism that one can have everything now, and that one can indulge oneself in hedonistic pleasures without having to worry about any consequences, impact on the larger society, or retribution, particularly if one does so in private and with consenting adults. This simply does not accord with our world view, which sees things as very much interconnected so that private sins and vices almost always (perhaps always) have public consequences, and which does not believe that human beings will ever be able to control the world so much that they can have everything at little or no cost. People with AIDS deserve compassion, and should not be abandoned. At the same time, it is absurd to say that what brought on their plight should be ignored, or that no lessons should be drawn from it. Or, as an old Christian adage has it, one should love the sinner but detest the sin. The correct thing to do is neither to exaggerate the risk of AIDS transmission, nor to make premature or even frivolous claims that there could not possibly be any transmission through means other than sex or blood.

*In those states where the AIDS incidence is high, there has been a dramatic resurgence of tuberculosis. In good part, this is because people with AIDS are apt to catch and keep tuberculosis. Not only that, but they also are very apt to spread it to others who do not have AIDS. No reliable vaccine for TB exists, and therefore, physicians are afraid that we may be in for a new TB epidemic (Discover, 3/86).

We can begin to see that AIDS goes far beyond AIDS, in any number of complex ways, and how modernism has been caught in yet another of its momentous lies.

*When Americans were asked what medical conditions deserved top priority for research, cancer came out ahead (85%), but AIDS was second (54%), ahead of heart disease, diabetes, birth defects, kidney or lung disease, and alcoholism (Newsweek, 28/4/86).

*It has been proposed to convert a former leper colony island off Cape Cod (Penikese Island in Buzzards Bay) for the quarantining of carriers of AIDS. A major proponent has been a prominent Boston neurosurgeon and faculty member at the Harvard Medical School who formerly was known as an advocate of lobotomies.

*The CBS news program "60 Minutes" in early March 1986 carried a segment on the homosexual community in San Francisco, one of the largest overt such communities in the world. It showed rallies held a few years ago in which a spokesperson threateningly spoke of acquiring power, getting anything they wanted in society, and that "we will not be stopped." That was before the AIDS scare. In its most recent rally, the very same spokesperson was depicted very much subdued, emphasizing that "all we want is to live."

*It is legal to discriminate against all sorts of people as long as they do not fall into certain categories which the law has said one may not discriminate against. For instance, one may discriminate against people who are extraordinarily bright, or who have bad breath. If one has TB, all sorts of employers may discriminate, such as those in the food business. In New York, it was therefore legal until recently to discriminate against people with AIDS, but then the state Division of Human Rights ruled that such persons are "disabled" and therefore may not be discriminated against in employment, public accommodations, and several other areas. Not only that, but it is no longer even permissible to discriminate against people who are perceived to have AIDS (even though they do not have it), nor against people who are susceptible to it, such as relatives of persons with AIDS. A most peculiar and roundabout way of doing things (NYS Advocate, 1/86).

*It has long been customary among the armed forces to transfuse fresh blood on the battlefield directly from healthy to wounded soldiers. Yet when the US armed forces started to screen out members who tested positive on AIDS, there was a big outcry from the hyper-rights people. Yet one can easily foresee a similar outcry if, in fact, a soldier caught AIDS from a battlefield transfusion if that could have been prevented by screening of potential donors.

*After 56 years in business, the AID Insurance Company decided to change its name because it dreaded the similarity with the acronym AIDS. On the other hand, the company that makes an appetite suppressant candy named Ayds decided to stay firm after 45 years in business, suggesting the the disease change its name instead (Time, 4/11/85).

*Bad news for sufferers of AIDS is that 9 anorexic- or hysterical-looking top female models have lent their famous faces to public service ads to raise money for AIDS research (Newsweek, 30/12/85).

*Perhaps a most interesting development about genital herpes infections is that concern with AIDS has driven out the herpes panic that was current before AIDS "hit." This may be good news, but again, it's a bit like driving the devil out with Beelzebub.

*The sex advice being given in the various news media these days is really pathetic. Because "sexually transmitted diseases" are so common, it has become chic in the media to advise people "not to have sex right away," but to "first get to know your potential partner." "Establishing a good old-fashioned relationship is best," suggests a New York City psychiatrist (Today's Health, 12/85). If you do catch such a disease, the experts advise, "Don't be too hard on yourself. Self-blame gets you nowhere." And above all, "Don't give up sex. Reduce future risks with careful planning and proper protection." It is too bad that this society is no longer able to use the word "decadent" appropriately.

*DetectAids International has opened business in Louisville, KY, as probably the world's first commercial firm to market blood testing services for AIDS. It specializes in testing special or large populations, including possibly for firms who may have reason to want to know whether any of their employees have AIDS. This might include food service companies, hotels, daycare centers and schools. We can also anticipate that they may be hired for things such as screening institutions and prison populations. It is also anticipated that branches will be established in other major cities and possibly abroad, and that testing will also be available on an individual and even house call basis (Business First, 16/12/85; source item from Wayne Marshall).

*A man without any special qualifications on the topic has begun to offer a weekly AIDS newsletter for \$450 a year based on information available free of charge in US government documents.

Signs of the Times

We decided to try something new, namely to include in each TIPS issue at least a few signs of the times that are not already included under some other heading, much as we try to include something on deathmaking in each issue.

*The prosecutor for the county in which Indianapolis is located has placed huge ads, about a third the size of a news sheet, in the local newspaper. The ads are like wanted posters, with the word WANTED in huge letters on top, listing the names of fathers who have absconded who owe child support, and how much they owe (Source item from Joe Osburn)

*Sometimes, the signs of the times are terribly obvious, yet appear to pass by most people. The 12/85 issue of Canada's Mental Health listed nine "new resources" (publications) on one single page, and these included Mental Health Assistance to Victims of Crime, Domestic Violence Protocol Manual for Social Workers, Let's Talk About Sexual Assault, Who do You Trust?, Women's Guide to Safe Travel, Resource Guide for Single Parents, and An Important Message to Stepparents. It seems that our society's dissolution and decadence was fairly captured by these resources, yet nobody seems to take a global look and interpret such signs and what they represent.

*One of the signs of our times is that people now are more incoherent than they are ordinarily. In 1982, the visitors to Madame Tussaud's Wax Museum in London voted Adolf Hitler as No. 1 on their list of most hated people (that is relatively coherent), but put Prime Minister Thatcher as No. 2 (that is incoherent). Even worse, hating her as much as they did, they nevertheless voted her their favorite politician (that is terribly incoherent). One would also never guess whom they voted as their "favorite heroine of all time." No, it is not the Virgin, Boadicea, Queen Victoria or Florence Nightingale, but Princess Diana whose major claim to heroism was marrying the heir to the throne (more incoherency).

*In some of our training events, we talk about "mundality," by which is meant the recent convergence and homogenization of culture (mostly materialistic hedonism, which we may also call "modernity") throughout the world. A story reported on the CBS evening news of 26/9/84 gave more evidence for this phenomenon. In Communist China, youngsters, teenagers, and young adults are beginning to sport T-shirts, often imprinted with a picture or word, primarily in English or other non-Chinese languages. The T-shirts cost the equivalent of one or two full days' wages, and most of the people who wear them have no idea what the messages say or mean. But when asked why they so want to have and wear them, one Chinese answered, "It's modern."

The Prison Scene

We have so much prison news that we cannot postpone it until our usual prison coverage in December.

*According to an 11/85 report of the Nat. Assoc. of State Mental Health Program Directors, 21 states had converted all or part of at least one mental or mental retardation institution into a prison, with 12 additional states having plans to this effect pending--a total of 33 states. Some states have converted, or are converting, several institutions into prisons. For instance, in MA, the number is six! OK has converted part of one mental institution into a 100-"bed" prison for "drunken drivers." (Source item from David Specht)

*The prison scene in KY. The site for a proposed halfway house for federal prisoners in KY is in Butchertown.

One of the worst perversions in the recent placement of prisons on the grounds of mental facilities has been proposed in KY. A 100-place medium security prison is to be established in an old building smack in the center of the Central State Hospital in the greater Louisville area. The building had previously served adolescents, including many who had been placed there by courts after committing crimes. The prison has been referred to as a "geriatric unit" or "geriatric prison," but the prisoners in a current such unit at the KY State Reformatory that would largely furnish the population are not elderly at all, but are handicapped or have severe health problems. One can also foresee the likelihood that prisoners with AIDS would be placed into this unit. (Courier Journal, 18/2/86; source item from Wayne Marshall). There has been considerable resistance in the surrounding community to this move because the prisoners proposed for it include persons serving time for murder, rape and armed robbery. However, officials let it be known that the juveniles currently in the building also include persons who have committed murder and assault, which apparently was meant to serve as reassurance to the neighbors. Developments such as these take us back about 200 years when there were facilities called "home for orphans, the poor, and the insane," and "orphanage, madhouse, hospital, reformatory, and workhouse." Those who participate in such perversions certainly are not in a good situation to complain about the public being prejudiced against mental patients, thinking that they are dangerous and should be segregated and confined.

Scandalously, the St. Mary's Catholic Seminary southeast of Louisville is scheduled to be converted into a prison operated by a private entrepreneur under contract with the state of KY. At least four private firms have been competing for the contract. The winning bid was for an amazingly low \$26.75 per inmate per day. We see an ominous parallelism between the privatization of deathmaking (infanticide, abortion, withholding/withdrawing the life supports of one's relatives) and the privatization of prisons (Courier-Journal, 24/10/85; source item from Wayne Marshall). The apparently winning firm, which had also been running halfway houses for federal prisoners, also was the low bidder on the competition for a halfway house for the state prison system, coming in with an amazingly low \$17.95 per inmate per day. Interestingly, the firm, which is bidding on prison contracts all over the southeast, is named Bannum Enterprises (Courier-Journal, 10/12/85). In some cities, the firm has apparently been flying under false colors. In Miami, the

city's manager was quoted as saying that a prospective halfway house was interpreted to him as being merely an administrative office. Since the firm has been getting a whole slew of prison and prison halfway house contracts scattered over many states in a matter of just a few weeks, we can anticipate all sorts of future disasters with unkeepable promises.

*The Corrections Corporation of America has proposed to take over the entire TN prison system, in return for about \$170 million annually (Newsweek, 11/11/85).

*The federal government is putting a prison into one of the most isolated and poorest parts of LA (near Oakdale) with the apparent intent of operating it as a deportation mill there. Interestingly, the facility has 8 courtrooms and is slated to have 16 trial attorneys. Because of the size of this operation and its location, the government could be trying and deporting political refugees from countries such as El Salvador and Guatemala before defense lawyers have a chance to organize their defense, get there, and operate once they are there (NCR, 16/5/86).

*The Canadian government is constructing a maximum security prison in Renous, New Brunswick, which, according to a prison rights activist, is "too far away from the courts, from communities, medical facilities....At Renous, it's practically impossible to get visitors." (Telegraph-Journal, 12/10/85)

Miscellaneous Human Service News

*A perversion in the making. In April, 1986, ground was broken for a ca. \$60,000,000 private proprietary multi-purpose institution near Beckley in WV, to be called the Central Behavioral Health Complex. It is supposed to serve adults and children with psychiatric, drug, alcohol, and "psychiatric retardation" problems, and to have a forensic unit. It was placed in a remote location near an airport and industrial park, supposedly so that starlets and dignitaries could fly in on chartered planes, catch chauffeured limousines to the facility, "and no one would be the wiser." (Charleston Daily Mail, 7/4/86)

*There is an increasing outcry for going back to an institutional system to take care of at least those homeless who are mentally disordered. A relatively lengthy essay in Time (2/12/85) naively asserted that the dumping of people out of mental institutions took place in good faith (rather than largely for economic reasons), and recommended the establishment of a large number of smaller institutions located more favorably in urban areas than the large old institutions. We have already learned from the nursing home scene what this might lead to. However, the likelihood is very high that some kind of development along these lines will take place.

*How post-primary production (PPP) realities can easily fool the vast majority of observers was brought home in the following vignette. The governor of KY appointed a committee in 1985 to see how Medicaid expenditures could be kept under control in the face of an impending deficit in the state's Medicaid expenditures. The committee made all sorts of recommendations that would save money or get more service for the dollar--but also recommended that coverage be extended to over 30% more people, and that the almost \$600 million budget be expanded by almost 15%. Thus, the public can end up very confused, being told that there would be Medicaid cutbacks (as indeed there would be under this proposal for some people) while, at the same time, the PPP economy takes care of its own by spending more dollars for human services (Courier-Journal, 24/10/85; source item from Wayne Marshall).

*The legislative auditor of the state of MN found that the state's Division of Vocational Rehabilitation subsidized those sheltered workshops most heavily that had the highest operating costs, but it did so without assuring that the operating costs were in any way related to effectiveness. Also, it was found that only 2.7% of the workers had been placed in competitive jobs in a 1-year period (NIMR, 85-1).

*Petitions are being circulated in human services to oppose any attempt by the US Congress to limit federal spending so as to balance the budget. In support of such efforts, it is argued that if any such spending ceilings are set, human services would suffer, and there might even be a great upsurge in deathmaking. Human service workers need to be aware that there is no shortage of federal monies for human services, as long as military spending is curtailed. Naturally, if military spending continues at 6 to 8 times all federal human service-related expenditures, human services will indeed be in trouble. So instead of railing about balanced budgets, citizens should rail about the astronomic level of defense spending.

*There has been a great deal of propaganda recently about how well off elderly people are. This propaganda is trying to lay the groundwork for stripping benefits from elderly people. The facts are that there are some elderly people who are well-off, and a great many who are not. There are more poor among the elderly than in any other adult age group, and many elderly people depend entirely on meager Social Security pensions. While there would be no great injustice if benefits for the well-off elderly were cut back, what is more likely to happen is that poor elderly people will be made poorer, and marginally managing people will be pushed into a poverty and dependency status.

*The concept of "equal worth" is vigorously being pursued by feminist groups, but there is something perverse about claiming that work that is physically non-demanding and relatively safe and that is done in pleasant office surroundings, should be on an equal footing with--or even superior in "worth" to--work done by people who labor hard with their bodies and run great physical risks, such as many manual laborers and certainly farmers. Yet the post-primary production positions are receiving ever more recompense even as our farmers have their land, tools, houses and livelihood taken away from them. For instance, it was recently disclosed that secretaries for the utility firm serving central NY were earning \$30,000 a year. If there is such a thing as divine retribution, then surely the US will have much to fear on account of what it is doing to its farmers.

*In another of the endless bizarre phenomena of human services, state rehabilitation officials vehemently opposed federal legislation (which was promoted by 31 "disability" groups) that would have allowed supported employment (to enable handicapped people to work in normative industries) to become a legitimate goal of rehabilitation services (DC Update, 5/86).

*RI may become the first state to abolish its public institutions for the mentally retarded.

*A German handicap joke goes as follows. A policeman says to a beggar, "Last week you begged here because you were supposedly blind, and today because you claim to be mute." To which the beggar replied, unmoved, "If you suddenly recovered your sight, wouldn't you be struck dumb with astonishment?"

The Deathmaking Scene

Miscellaneous Abortion-Related Facts

*Few people are aware with what rapidity abortion became legal over most of the world. Japan had a liberal abortion policy dictated to it under US occupation after World War II, and soon became a leader in numbers. Hungary passed a liberalization law in 1953, and by 1972, 70% of all Hungarian women had had at least one induced abortion. By 1975, 59% of the world's population lived in countries with few or no restrictions on abortion. The US took the lead in total number of abortions in 1976 (Hilgers, Horan & Mall, 1981). In 1980, medical abortions were performed at more than 2750 locations in the US, but 16% of the

locations performed 75% of all abortions, which roughly averages 5 abortions per working day. About 35% of abortions in the US now are by women who have had at least one previous abortion. About 90% of all legal abortions in the US are performed during the first trimester of pregnancy, and about 1 to 2% occur after the 20th week, when the unborn usually can live outside the womb. In some abortion services, the length of the aborted baby's foot is measured, since it is not normally torn apart during the abortion, and a fee is charged in proportion to the length of the foot, since it is a fairly good index of the developmental age of the unborn. In Russia, the abortion rate is reportedly about four times that of the US, so that as of approximately 1980, there are two abortions for every child born. (Source clipping from John Morris)

*At a 1984 medical conference in Madras, India, a report was given on a series of 900 abortions subsequent to amniocentesis. In 898 cases, the abortion was performed because the fetus was female, and in 2 because of Down's Syndrome. (Source item from a position paper by Mack Beck)

*It is estimated that in Canada, 65,000 abortions are performed annually (Interim, 5/86). Unlike in the US, where pro-abortion forces have fought tooth and claw against any kind of informed consent of the pregnant mother, Canadian law (enlarged rather than abridged by Canadian Supreme Court decisions) requires that physicians tell a patient anything that "any reasonable patient" would want to know in the particular set of circumstances, and not merely what the physician feels would be good for the person. This includes the nature of a proposed operation, its gravity, any special or unusual risks, and where consequences can be serious even though risk is small, what these are. Pro-Life News (1 & 2/86) carried an article which contains the kind of information that a physician in Canada must expect to share with a woman entertaining the thought of having an abortion.

*Apparently, Michelangelo was conceived as a result of a rape (Interim, 3/86).

Abortion as Contraception

*Discover (5/86) reported that there will be a big battle as to what a vaccine being developed to "prevent pregnancy" will be called. If it prevents a fertilized egg from attaching itself to the uterus, it will be called a contraceptive, and if it causes an implanted fertilized egg to be sloughed off, it will be called an abortifacient. In reality, it is the latter in either case, showing how deceptive the language in this area is.

*Pro-abortion parties are seeking an abortifacient that is perfectly lethal to the unborn while being perfectly harmless to the mother. In their thinking, they have so uncoupled mother from child that they think their aspirations are perfectly attainable, even though this is extremely unlikely, considering what a close unit a mother and her unborn child are. RU 486 is now being tested in the US as such a "private abortifacient" that could be taken orally like aspirin and induce an abortion up to 50 days after conception. Research on this drug has been supported by the Ford Foundation, Rockefeller Foundation, Mellon Foundation, World-Health Organization, and US National Institutes of Health. The drug works by inducing menstruation even if the woman is already pregnant. Thus, any embryo that would have been implanted, or already has been implanted, would be sloughed off. Drug makers see it as a potential replacement to the \$700 million annual market for oral contraceptives. In order to detoxify its image, the drug has already been interpreted as being a "contraceptive," and in yet another attempt to detoxify the drug's purpose, its inventor refers to it as a counter-gestation, or "contragestation," drug. Insofar as most potential users would not even know if they were pregnant, using the drug would serve yet another detoxification, and abortion supporters have already begun to tell women that uncertainty over whether an abortion has actually taken place should remove moral scruples they might have about a surgical abortion.

Approval of the drug in the US is probably at least 5 years away, but in other countries it may be available within 3 years, in which case we can expect a lively black market in it. It is quite possible that as with other disappointments with technology, hundreds of thousands of women will be deceived by the propaganda surrounding this drug, only to discover some grievous consequences (remember IUDs, DES, etc.). (CAC Newsletter, 28/2/86; source item from John Morris)

*In the European popular literature, there is much favorable publicity for the "morning after" pill, but quite commonly, not a word is said about its being an abortifacient. This pill is being introduced massively in other countries, but is much more restricted in the US.

*Amazingly, despite the Dalkon Shield IUD disaster that caused A. H. Robbins, its maker, to file for bankruptcy, between 300,000 and 400,000 IUDs were prescribed in 1985 alone, and about 1 million American women use IUDs. As mentioned, G. D. Searle rather greedily but stupidly took over the IUD business, becoming the only US firm to make IUDs. In turn, Searle was purchased by Monsanto Corporation in the fall of 1985, which thus inherited whatever liabilities Searle may eventually be ruled to have. Soon after, Searle decided to quit the IUD business too (in 2/86). Perhaps we should not be surprised to learn that spokespersons for the Planned Parenthood Federation of America were dismayed at this, insisting that IUDs are safe. The US Food and Drug Administration has also maintained as late as 1/86 that IUDs were safe (CAC Newsletter, 28/2/86; source item from John Morris).

Infanticide

*Manney, J., & Blattner, J. C. (1984). Death in the nursery: The secret crime of infanticide. Ann Arbor, MI: Servant Books. This book addresses the issue of medical infanticide of handicapped and other unwanted newborns in the contemporary U.S. It documents the stories of some of the most famous cases of such infanticide. The authors explain that deathmaking of newborns derives from both profound devaluation and a utilitarian ethic; that it is an inexorably logical consequence of the arguments accepted to justify abortion; that it is supported by physicians, ethicists, and even Christian theologians; that it is being widely though secretly practiced in US hospitals now; and that it is becoming more widely accepted and more public. In the book, one finds facts such as the following: Dr. Walter Owens, the physician who delivered Infant Doe and who recommended to his parents that they allow him to die, described children with Down Syndrome as "mere blobs." Infant Doe, the boy with Down Syndrome who was starved to death by the mutual consent of his parents and delivering physician, was ruled by the county coroner to have died of "natural causes." Based on US Center for Disease Control figures on the birth rate and the incidence of impairments, the authors estimate that 82 children are born in the US each day who are at risk of being killed.

The ethicist, Paul Ramsey, tried, after the legalization of abortion, to demonstrate the validity of the "slippery slope" argument (e.g., that the legalization of abortion would lead to the practice of infanticide) in order to convince people to withdraw their support of abortion. The validity of the argument was proved true in an ironic way: many people concluded that if, indeed, abortion led to infanticide, then infanticide must be alright too.

A 1981 report by the Office of Technology Assessment of the US Congress on "The Costs and Effectiveness of Neonatal Intensive Care" contains a formula for quantifying the costs of treating and caring for a handicapped child for its lifetime. Such infants are termed "seriously defective" and "unproductive," which sounds remarkably like the Nazi phrase "useless eaters." The report also notes that "non-survivors are relatively inexpensive".

Unfortunately, one of the arguments advanced by the so-called "disability rights" movement in opposition to infanticide of the handicapped is precisely the argument used to justify another form of deathmaking, namely, abortion. The argument is that it "is a cornerstone of disability rights...that we have control over our own bodies, and we are in charge of making decisions about our own lives."

*A prominent neonatologist estimated in 1982 that about 14% of all deaths occurring in special care nurseries are associated with the withholding of treatment and nourishment of impaired newborns (Brennan, 1983).

*Ever since infanticide became a legitimate (though not yet legalized) option in our society, starting roughly in 1973, there has been an "explosive effort to study the adaptive significance of infant killing," as one reviewer of one of the recent books of this genre has put it (Contemporary Psychology, 3/86). The major thrust of most of this work is that infanticide is adaptive. We have here another case of the intelligentsia and other moral authorities of society legitimizing what the society has already decided to be or do.

*TIPS readers are probably already informed about the vignette of the OK university-affiliated hospital where physicians, on the basis of the infamous pseudoscientific formula developed by a Dr. Shaw (currently in CA), denied treatment to 24 infants with spina bifida, all of whom died, and that there is now a lawsuit pending (which certainly was highly predictable). Some of the ones that were treated are performing much better than the physicians had predicted. At least one who was rescued by his mother and taken to a children's institution, though not treated, did not die and clearly could have been expected to do much better if he had been treated (Focus on the Family, 3/86). Had he been left to the mercies of the physicians, he would almost certainly be dead today.

*On the average, 1 baby out of 100 in the US dies during the first year. However, in some slum areas, the rate is closer to 1 in 27. One genocidal practice of hospitals is to discharge babies that are viable in a highly supportive environment to parents who live under the most dismally deprived slum conditions. For instance, babies that improved satisfactorily in a hospital isolalette may be discharged into neighborhoods where very few babies have even as much as a crib.

Furthermore, after having spent perhaps \$50,000 to save the premature baby of a poor mother, the government turns around and keeps that mother on such a level of poverty that neither she nor the baby are able to maintain adequate health (Time, 13/1/86).

Support for "Euthanasia" and Other Deathmaking of Devalued Persons

*We recently reported on the widespread practice and acceptance of "euthanasia" in the Netherlands, though it has not actually been legal. UPI reported (in SHJ, 2/3/86) that with 10,000 "mercy killings" in 1985, the Netherlands now appears on the verge of legalizing the practice. Reportedly, the practice received a big boost when in 1973, a physician "helped her mother die," was arrested, tried, and sentenced to only 1 week's probation. Interestingly, Dutch people who endorse euthanasia are called "pro-choice."

*The inevitable progression toward legalized killing of the unwanted always takes place in small steps, some of which consist of measures that are actually moral in at least some instances. For instance, in 1974, the Canadian Medical Association approved a resolution which recognized "...conditions of ill health and impending death where an order...of 'no resuscitation' is appropriate and ethically acceptable," but where the conditions were not defined, guidelines were not imposed, nor consent procedures specified. In some moral climates, this resolution could have a positive moral meaning, but in a negative climate, it may be used to moralize all sorts of immoral deathmakings. The same can be said with all sorts of "right to die" and "living will" legislative proposals or laws all over North America. What bodes particularly ill for currently morally quite acceptable living wills is that they were initially developed by the Euthanasia Education Council of the US. While the trend in the US has been for passage of some version of such laws in various states, the Law Reform Commission of Canada

has advised against them, and such documents are not legally binding on Canadian physicians as of early 1986 (PLN, 1 & 2/86). We can also expect there to be much emphasis on the voluntary nature of suicide and suicide-assistance, with the concept "voluntary" being increasingly loosely defined, as, for instance, by being inferred, by the "voluntary choice" being made by second and third parties on behalf of a person deemed unable to make it, etc. Once that concept has been sufficiently eroded, then we can expect the concept of voluntariness to recede into the background, with other people, such as physicians, relatives, and perhaps even third-party funders, being given even more decision-making prerogatives.

*What "living will" laws in the present value context will lead to was illustrated by such a model law drafted by the National Conference of Commissioners on Uniform State Laws, a US body that drafts model laws of various kinds for state legislatures. The law it drew up defined food and water as medical treatments--that could therefore be withheld if a person had indicated in a living will that "medical treatments" were to be withheld from him or her under certain conditions (PLN, 11 & 12/85).

*The Hemlock Society, perhaps the most radical of the major pro-"euthanasia" groups in the US, has announced plans to introduce laws that would legalize direct active killing of terminally ill patients in the two states that have a particularly high concentration of elderly residents (Arizona and Florida), and in California because it is both Hemlock's home base and considered a "trend-setter." Some people have begun to refer to the elderly victims slated for deathmaking as "Granny Does," and have pointed out that for every Baby Doe there may be many thousands of Granny Does. The same concepts applied to Baby Does, such as "benign medical neglect," may be applied to elderly and terminally ill people. A major strategy of the pro-death forces will be to conjure up the spectre of high technology being cruelly applied to people who are dying anyway and would prefer to die peacefully instead. Furthermore, simple amenities, such as nourishment, will be interpreted as "medical treatment" (AUL Newsletter, Winter 86).

*Human Sciences Press has decided to bring out a journal entitled The Euthanasia Review. Unfortunately, it is sponsored by the Hemlock Society which has been advocating voluntary suicide and suicide assistance. Hemlock is the plant poison that Socrates was forced to drink after being sentenced to die for seducing the youth of the state. Apparently, the Hemlock Society has not recognized the unintended irony that Socrates did not really choose to die but was given the choice of taking his own life or having it taken from him by others. In its contribution to involuntary "euthanasia," the society is thus properly named.

*It is estimated that there are about 10,000 comatose patients in the US being kept alive by various life supports at an average yearly cost of \$100,000 each, or a total of \$1,000,000,000 (that's a billion). Some are not on any sophisticated equipment but do need to be fed by a tube. We can expect to see more and more pressure to withdraw even such simple life supports (not even to mention pulling any plugs), and the widespread acceptance of starvation and/or dehydration deaths for such persons. The door to this has been opened when food and liquid were defined as "medical treatments" by the courts, because medical treatments may be withheld under various conditions, including those of a living will which, a few years ago, would only have been considered applicable to treatment by heroic means and machinery. Such a case is currently being litigated in MA, involving a middle-aged man named Brophy (Courier Journal, 18/2/86; source item from Wayne Marshall).

*One can certainly raise the question whether "do not resuscitate" orders are being applied disproportionately to members of the lower social classes and racial minorities.

*In 1984, proponents of euthanasia in Ontario started publishing a newsletter entitled Dying With Dignity (Interim, 7 & 8/85).

*In mid-1986, the TV program "Moonlighting" revolved around a theme entitled "Witness to the Execution," where a nasty 90-year old man who resided in the "Golden Hour Nursing Home" asks someone to commit "euthanasia" on him, but actually engineers his own suicide so that it will look like murder, presumably in order to avoid the stigma of suicide and the bother of arranging his own "euthanasia." The program was very ambivalent on the subject of "euthanasia," showing one of the two major actors in favor of it and actually trying to assist it, and the other one opposed to it. Strangely enough, the program had been hailed as one of the best comedy programs of the season. In this particular episode, there were a few comic moments, but one is hard put to understand why the humor and the theme were juxtaposed as they were.

*A mentally retarded adolescent who was a ward of the state of TX developed uremic poisoning. Ordinarily, such a person would have been treated with dialysis, but all 6 of the examining physicians concluded that the boy would find the treatment tortuous and recommended "a slow, easy death" instead. However, when the case was brought to public attention, the boy was placed on dialysis, and proved to be extremely cooperative without any indication of the treatment being experienced as heroic (Dialysis or Death, 1982). Thus, once again, this goes to show how unreliable medical judgment can be where devalued people are at stake.

*We have previously reported on a 76-year old FL engineer shooting his 73-year old ailing wife to death when she asked for it. In a poll, most Floridians hoped that he would go free.

"Euthanasia"

*The number of individual cases of "mercy killings" coming to our attention is becoming so large that we cannot report them all. We should not be surprised that the killers often are either strong, prominent, powerful people--or broken people themselves who act out the deathmaking vibes they pick up from their larger society.

*An 88-year old man died at the Cardinal Health Care Center in Winchester, KY. A nurse told a friend that she injected him with insulin because she felt sorry for him, and this confession became the basis of an investigation. The body had been buried too long to identify any insulin, but one unaccounted-for injection site was still identifiable. The nurse (who had had a history of years of mental problems) checked herself in at a psychiatric institution, and while she was there, charges were dropped because of lack of physical evidence (Courier-Journal, 24/10/85; clipping from Wayne Marshall).

*In 10/84, an 89-year old woman died at Abbott Northwestern Hospital in Minneapolis after being denied food or water for 6 days. She had had difficulty swallowing, and nourishing her through tubes was deemed to constitute a heroic measure (Minneapolis Star & Tribune, 22/11/85; source item from Jane Hoyt).

*In 1985, a man appeared in the intensive care unit of Brookside Hospital in San Pablo, CA, where his 69-year old father lay seriously ill with cancer and had been attached to a mechanical respirator for about two weeks. He pointed a pistol at the personnel on the scene and ordered them to disconnect his father's life supports. Amazingly, they did so, and the old man died immediately (AP, in SHJ 23/12/85).

*In 1985, a man in New York City was charged for covering the nose and mouth of his cancer stricken 72-year old wife with a plastic bag until she was dead, but the case was dismissed on the grounds that she may already have been dead of either her cancer or a drug overdose which she had supposedly taken (Newsweek, 9/9/85).

*A Fairport, NY, physician visited an 81-year old senile patient and old friend in a nursing home and there, on his own decision, and without anyone requesting or suggesting it, he injected three shots of insulin around his heart, killing him. When charged, he said he felt he was doing the right thing (Newsweek, 9/9/85).

Deathmaking via Abuse and Low Quality in Human Services

*Among others who mostly also told tales of horror, actor Kirk Douglas very passionately testified about the abuses of elderly people before the US Congressional Select Committee on Aging in 1985. He cited a TX nursing home in which 56 people died, apparently from neglect and mistreatment, and where the home was fined only \$100,000 (less than \$2000 per life) and allowed to continue operations. He said that maggots, rats and roaches feed upon the bodies of the residents in many such facilities. The subcommittee itself released a report charging that millions of older Americans in nursing homes are being physically and emotionally abused and routinely denied basic rights. The presiding Congressman said that when old people enter long-term care institutions, they essentially "check their basic rights at the door." The subcommittee concluded that one out of every 25 elderly people in the US, or 1.1 million people, are victims of abuse, and that the number is increasing steadily (UPI, in SHJ, 19/9/85).

*A woman in PA was informed that she had to pay more than previously anticipated for the cost of her mother's nursing home because the "patients weren't dying fast enough." The comment had something to do with the way nursing homes are funded by state and federal funds, and the fact that privately-paid residents are needed by nursing homes to off-set the lower rates they get for Medicaid patients (Philadelphia Inquirer, 5/11/85; source item from David Schwartz).

*In Scranton, PA, an elderly man died of starvation, and three bizarre circumstances attended the event. (a) The man starved to death in a nursing home. (b) After an autopsy was performed, but before he was buried, someone replaced some of his internal organs with those from another body. (c) The man was buried by a funeral director who also just happened to be the operator of the nursing home where the man had died. Absolutely amazing is that the operator was charged with first degree murder, which is almost unheard of in human service abuse deaths (Syracuse Herald American, 28/2/86; source item from Tracy Radion).

*A report by the National Council of Senior Citizens, released in 1985 and entitled "Abusing the Elderly: Drug Experimentation in Nursing Homes," reviewed 8 instances of involuntary drug experimentation in nursing homes of 7 states. One study had to be terminated because too many of the experimental subjects died (Gray Panther Network, Fall 85).

*A CT woman went to testify to a US congressional hearing on institutional abuse and neglect, and upon returning home, discovered that her 29-year old daughter at one of CT's two large institutions had been abused during her absence (CARC News, 8/85).

These hearings, chaired by Senator Weicker, brought all sorts of horror stories into public eye. One retarded young man was injured 124 times in about four years. One reporter who had investigated institutions and prisons said that he would prefer to be in a prison rather than in an institution. Fortunately, the Senator noted that legislation will not provide the answer.

*Despite years and years of litigation, the conditions in CT's Southbury Training School, an institution for over 1000 retarded people, were still described as "dangerous, inadequate, and unconstitutional" in 1985 (CARC News, 10/85). One of the sources of dangers there were the medication practices. Among other things, 97% of the residents who received drugs received at least one anti-psychoactive drug. Conditions were not much better at the state's other large institution, Mansfield.

*A profoundly mentally retarded deaf mute 25-year old woman in Shelbyville, IN was found to be pregnant. It turned out that she might have been raped in any of three services through which she had been put, including the Heritage House Children's Center where she had lived (despite her age). All the signs pointed to rape by a human service worker. Not far away, in the county in which Indianapolis is located, a 34-year old woman was also found to be pregnant at the River-View Nursing Home, an Intermediate Care Facility housing 103 residents. The woman, weighing only 57 pounds, has been described as "the size of a brief case." The woman is severely or even profoundly retarded, unable to talk or communicate in any way and must have been raped (Indianapolis Star, 7 & 14/1/86; source item from Joe Osburn).

*In just a few weeks during the summer of 1985, at the Hôpital Rivière des Prairies in Canada for the mentally retarded, a 19-year old woman was found dead in a bath, one young man fell to his death through a 4th floor window, one was found dead near a camp operated by the institution, and one went into a coma from which he has not yet emerged after suffering a severe beating to the head. All this happened after years of other abuses. When the families of the institution residents went public with their complaints, they were attacked by the Association of Physicians, the Association of Psychiatrists, the Association of Institution Administrators, and the Quebec Mental Health Association, as "sensation seekers," "trouble-makers," as having personality problems, and as being emotional, political, ideological, and philosophical, and the Physicians' Association tried to block an inquiry (Entourage, Winter 86). The Quebec public curator, a sort of public guardian responsible for protecting the rights of persons in institutions, tried to stop the families from gaining information, claiming that this was necessary to "protect the confidentiality" of the institution residents. One of the few bright spots in this awful story is that the largest union of institution workers supports the families.

*At least according to the South China Morning Post (12/11/85), Japanese mental institutions are among the most backward in the developed world. Abuse is said to be widespread, and in one mental institution near Tokyo alone, 222 residents died in three years. The director reportedly went about carrying a golf club as a potential weapon. News of conditions was hard to come by because residents had been kept virtually incommunicado until some of them were able to record their plight on pieces of paper, fold them into airplanes and throw them out the window to be picked up by members of the public. (No more origami paper-folding therapy for them!) Complaints about conditions have gone as far as the UN Commission for Human Rights. The law has allowed an open-ended admission by a psychiatrist from outside the institution without examining the person, as long as the person's family consented (echoes of some of our deathmaking practices, e.g., privatizing of agreements between physicians and family members). Amazingly, about 80% of Japan's roughly ca. 340,000 mental inmates were thusly admitted. Objections to liberalizing the rules have included claims that residents would start making obscene telephone calls if they were permitted access to the telephone, and would run up huge mail order bills if permitted access to the mail. Apparently, one reason for all this is the shame of families about a mentally handicapped member. (Source item from Fred Harshman.)

*A mentally retarded man at a Chapel Hill, NC hospital was strapped into a chair to hold his body and head upright, but somehow, his chair caught on fire and he died. (Source item from Barry Wever)

*Eli Lilly, an American drug company, started selling an arthritis medication, Oraflex, in 1982. It turned out that the drug caused serious liver and kidney damage, and there were about 50 such cases in the United Kingdom where the drug was soon banned. Lilly did not tell the US Food & Drug Administration about this, and partially as a result, over 200 users in the US had serious problems, and 26 died. The company admitted in 1985 that it violated the law, but not that it had done anything wrong (Science, 13/9/85).

*In 1980 (most recent data available as of 1985), non-federal US general hospitals that had psychiatric in-patient units discharged a total of 666,000 people, of whom 19,600 had been treated for drug-related disorders. Interestingly, 70% of these 666,000 had received prescription psychoactive drugs. Note that this figure does not include federal facilities, or psychiatric centers or clinics, but only the psychiatric sub-units of general hospitals (Mental Health Statistical Notes #169, 8/85).

*Of people on psychoactive drugs, 10-20% get tardive dyskinesia (Science, 20/9/85). Apparently, only the dire threat of lawsuits prompted the American Psychiatric Association to send a letter to its 31,000 members urging them to prescribe such drugs more prudently.

Miscellaneous Deathmaking News

*The NY State Commission on Quality of Care for the Mentally Disabled reported that of the roughly 2700 deaths of residents in state mental health and mental retardation facilities during a 12-month period in 1984-1985, 23% were due to "unusual or unnatural circumstances and indicated possible problems in care and treatment."

*Hardly any American medical school administers the Hippocratic Oath any longer to its students upon graduation, as used to be customary. The ones that do use a very diluted formula. The passages that have to do with not performing abortions, mercy killings, or murder have been replaced by phrasings that promise not to engage in anything that is illegal. Thus, the law has replaced morality and conscience, and in a way, physicians thereby accept the state as the highest moral authority (Brennan, 1983).

*Another of our predictions has come true. People in the Third World are already selling their body organs, particularly kidneys, which may bring above \$13,000. In Bombay, the slums have become human organ supermarkets, especially for kidneys. In Mexico City, an organ broker has sent donors to American hospitals to have a kidney removed. While organs cannot yet be sold in the US, by keeping the financial transaction in Mexico, it seems to be all legal. In turn, kidneys that are judged not good enough for transplants in the US are sold abroad and usually implanted there into wealthy people. In a Pittsburgh hospital, 61 foreign patients were put on the top of the kidney transplant priority list because they were wealthy or influential.

*A little coherency problem. In Toronto, Campaign for Life held a "Celebration of Life" benefit concert starring a singer who had previously received a gold medal at a competition sponsored by Benson & Hedges--the tobacco firm (Interim, 2/86).

Resources

*The TI now sells (for \$7 plus handling) the book The Abortion Holocaust by Brennan. An updated TI publications list is available free on request.

*In several of our training events, we have talked about the rise in a particular new kind of training in human services, namely, how to manage and subdue aggressive clients using various physical "holds" and other bodily techniques. NY State has adopted this approach wholesale and conducts training in it in all its state facilities for the handicapped. It has produced a film ("Physical Intervention--Managing Aggressive Behavior") for use in the training, which demonstrates these techniques. The TI has prepared a review that critiques this film, and to some degree the entire training movement. The critique shows how utterly bankrupt this kind of training is, and even--surprisingly--how unintentionally funny it can be at times. The review is 7 double-spaced pages, and is available for \$5 from the TI.

*A new US government periodical, Transitions, on "supported employment" appeared in fall 1985. Write to the Office of Special Education & Rehabilitation Services, Room 3018 Switzer, 330 C Street SW, Washington DC 20202.